Legislative Assembly of Alberta

The 27th Legislature
Fourth Session

Standing Committee
on
Health

Department of Seniors and Community Supports
Consideration of Main Estimates

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6:30 p.m.

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Standing Committee on Health

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6:30 p.m. Tuesday, March 8, 2011

[Mr. McFarland in the chair]

Department of Seniors and Community Supports
Consideration of Main Estimates

The Chair: Welcome, everyone, to our meeting. I'd like to remind everyone that the usual rules regarding electronic devices, food, and beverages in the Chamber will continue to apply like they do in our other meetings.

Members and staff should be aware that all the proceedings of the policy field committee in their consideration of the budget estimates are being video streamed, as the Speaker told us before adjournment. The minister whose department estimates are under review is seated in the designated seating area along with some of her staff, and all our members of the Legislature are sitting here. I remind them that if they wish to speak, they are to speak from their assigned chairs, and I'd ask that they stand up so the cameras can see you easier. Any official or staff member sitting in a chair that isn't normally theirs must vacate it if a member wishes to speak from their chair.

Members are also reminded that the consideration of the estimates of the Department of Seniors and Community Supports are for the fiscal year ending March 31, 2012.

We'll just run through a little bit of the process review. The speaking order and times are prescribed by the standing orders and Government Motion 5, passed on February 23 of this year, and are as follows: (a) the minister or the member of the Executive Council acting on the minister's behalf may make opening comments not to exceed 10 minutes; (b) for the hour that follows, members of the Official Opposition and the minister may speak; (c) for the next 20 minutes the members of the third party, if any, and the minister may speak; (d) for the next 20 minutes after that the members of the fourth party, if any, may speak, along with the minister; (e) finally, for the last 20 minutes the members of any other party represented in this Assembly and any independent members and the minister may speak; (f) following that, any member may speak. Within this sequence the members may speak for 10 minutes at a time.

A minister and a member may combine their time for a total of 20 minutes. I'd ask that you advise the chair here if that's what your intention is.

Committee members, ministers, and other members who are not committee members may participate. Department officials and members' staff may be present but, unfortunately, may not address the committee.

Three hours have been scheduled to consider the estimates of the Department of Seniors and Community Supports. If debate is exhausted prior to three hours, the department's estimates are deemed to have been considered for the allotted time in the schedule, and we will adjourn at that point; otherwise, we will adjourn at 9:30 p.m.

Points of order will be dealt with as they arise, and the clock will continue to run.

The vote on the estimates is deferred until Committee of Supply on April 20, 2011.

Written amendments must be reviewed by Parliamentary Counsel no later than 6 p.m. on the day they are to be moved. An amendment to the estimates cannot seek to increase the amount of the estimates being considered, change the destination of a grant, or change the destination or purpose of a subsidy. An amendment may be proposed to reduce an estimate, but the amendment cannot propose to reduce the estimate by its full amount. The vote on amendments is also deferred until Committee of Supply, April 20, 2011. Twenty-five copies of amendments must be provided at the meeting for committee members and staff.

Written responses by the office of the Minister of Seniors and Community Supports to questions deferred during the course of this meeting can be tabled in the Assembly by the minister or through the Clerk of the Legislative Assembly for the benefit of all MLAs.

I'd like now to invite the minister of the Department of Seniors and Community Supports to begin her remarks.

Mrs. Jablonski: Thank you, Mr. Chairman. Before I start highlighting my ministry's budget, I'd like to introduce a few of my ministry staff who helped me prepare for tonight's presentation and who work hard on a daily basis to guide and support our ministry's business. At the table with me on my right-hand side, my right-hand man, Robert Bhatia, the deputy minister. On my left-hand side is Carol Ann Kushlyk, the senior financial officer for the ministry. Behind me I have Dave Arsenault, who is the assistant deputy minister for community support programs and strategic planning division. I also have Chi Loo over here, who's the assistant deputy minister of the seniors services division. Also with me is Donna Ludvigsen, assistant deputy minister for the disability supports division. I also would like to acknowledge the presence up in the members' gallery of Brenda Lee Doyle, director of the office of the public guardian, and Matt Hebert, my new executive assistant. Welcome Matt. Up there, being very humble beside Brenda Lee, is Michael Shields, my communications director.

As you know, my ministry's business is to support the well-being and independence of seniors and people with disabilities. We do this by working with individuals, families, communities, and other government partners providing programs, services, safeguards, and information. That's important work, and as the minister responsible I feel a strong sense of pride to present to you tonight the budget and business plan for Seniors and Community Supports.

If I had less than 30 seconds to sum up this year's budget for Seniors and Community Supports, here's what I would say: Budget 2011 reflects the province's commitment to protecting vulnerable Albertans as it positions Alberta for a strong economic recovery. Overall, the budget for Seniors and Community Supports is $2.1 billion, a 3.6 per cent, or $70.1 million, increase over last year. The additional funding will allow the ministry to maintain current benefit levels and accommodate moderate caseload growth.

Considering our economic and fiscal climate, you could say this is a good-news budget for our clients and their families, who will continue to receive the same programs and services as before. I recognize that there will always be people who would like to see more money spent on one priority and less on another, but the fact is that we have made a choice, and that choice was maintaining supports for vulnerable Albertans. All things considered, I feel very fortunate for our clients that our government has not lost sight of the needs of vulnerable Albertans as it works to return our province to fiscal and economic health.

As you may know, the majority of the assistance we provide to Albertans is delivered through some of our larger programs. For example, the assured income for the severely handicapped program provides financial and health-related assistance to over 42,000 severely disabled adult Albertans. The persons with developmental disabilities program assists more than 9,300 adult Albertans with developmental disabilities. The Alberta seniors benefit program provides supplemental financial assistance to about 148,000 low-income seniors.

Let's turn now to the budget. As I walk you through, I will indicate how budget items support the goals in the ministry's business plan. Funding for seniors programs will increase this year. Total program funding will benefit more than a quarter million seniors. This directly supports goal 1 of the ministry's business plan, which is, "Seniors and persons with disabilities have access to supports that assist them to be independent and participate in their communities."

Funding for seniors programs and services, including dental and optical assistance, special-needs assistance, seniors' lodge assistance, and school and property tax assistance programs, will increase overall by 6.4 per cent, or $8.5 million. This increase allows current benefits to be maintained for seniors and will help us to meet anticipated increased demand for services. To maintain income thresholds and maximum benefits for the monthly cash supplement for approximately 148,000 low-income seniors, the Alberta seniors benefit budget will increase by almost $8 million, or 2.4 per cent. As part of government's continuing care strategy my ministry will build on previous capital grant programs, with $75 million allocated to the affordable supportive living initiative. These programs have increased the availability of affordable supportive living options for seniors and persons with disabilities. The $75 million from this year's budget will help to develop new affordable supportive living spaces across the province.

6:40

Since 1999 the province will have invested over half a billion dollars to help develop and upgrade close to 10,000 affordable supportive living and lodge spaces. Of these, about 5,700 have been completed. This supports goal 3 in our ministry's business plan, which is, "Seniors and persons with disabilities have appropriate supportive living options."

Providing a stable income for severely handicapped Albertans is the focus of the assured income for the severely handicapped program, or AISH, as you know. This year the AISH budget will increase by 3.5 per cent, or $26.5 million, for a total of almost $783 million. This increase will maintain the current maximum monthly benefit of $1,188 and health-related supports, which average $370 per month, to more than 42,000 AISH clients. It also provides for modest caseload growth over the year.

Since 2005-06 AISH funding has increased by over $290 million, or 60 per cent, to assist Albertans with disabilities to meet their basic needs. This is closely aligned to goal 1 of my ministry's business plan, which again is: "Seniors and persons with disabilities have access to supports that assist them to be independent and participate in their communities." Maintaining this funding reflects the government's commitment to support the independence and overall quality of life for Albertans with disabilities.

The PDD program supports more than 9,300 adults with disabilities, which is closely aligned to goal 1 of my ministry's business plan. Funding for the program has increased 2 per cent to $608 million, with some room for a moderate increase in caseload growth so that as the number of people in the PDD program increases, we will be in a position to assist them. In addition, the PDD program plans to increase the effectiveness and efficiency of the program and redirect any savings from these efforts to support PDD-funded Albertans. Work on priority actions continues to help the program operate efficiently and effectively, ensure its sustainability, and, most importantly, promote positive outcomes for individuals with available resources.

As well, we're maintaining funding of other programs like Alberta aids to daily living, public guardian services, and the lodge assistance program grant. This supports business plan goal 2, which is, "Safeguards for seniors and persons with disabilities improve safety and well-being," as well as goal 1

As you may know, I have a mandate to lead Alberta Supports, to review related policies, programs, and services through innovative collaboration with partner ministries. This important cross-ministry initiative seeks to improve the system to make it simpler for Albertans in need to access information and services and ease the transition from one program to another program as people age or if their needs change.

With the introduction of the Alberta Supports website and contact centre we are now starting to see some tangible results. These tools provide one-stop access to information on 34 social-based assistance programs and more than 100 services. Already these tools are catching on. In January the Alberta Supports contact centre received more than 27,000 calls, and the website received about 8,000 visits during the same month.

The Chair: Thank you, Madam Minister. I'm sure we'll be able to hear the rest of your comments when you answer some of the back and forth.

I'd like now to call on Ms Pastoor from Lethbridge-East, please.

Ms Pastoor: Thank you very much, Mr. Chair. It's always a pleasure to work with the Minister of Seniors and Community Supports. One of the first comments I'd like to make has nothing to do with this ministry, but I'd just like to put on the record that I really believe that the conversations that we can have when we're in the committee rooms having budget discussions are, I think, more productive than when we sit here. The separation, I think, just doesn't flow as much into good conversations.

With that, Madam Minister, the topic organization that I've got is PDD, continuing care, AISH, Alberta seniors' benefit, and Alberta Supports. I'll try not to bounce back and forth and just keep it on that if that will help.

First is PDD. Last year $7 million was taken out of PDD, and it left the budget at $588 million. This year the total support for PDD is $599 million according to line 4.10 on page 259 of the government estimates. On that same page it also shows the support to the program management of PDD as $6.3 million. Can the minister explain what the $6.3 million towards program management is actually going towards? Is this amount funding staff within the Ministry of Seniors and Community Supports, and how much staff actually falls into that program area?

I'm going to go on to the next one if that's okay. Is the area included in the scope of the KPMG administrative review or was the target of the review only the PDD community boards and service providers? I think I have a similar question further down. I probably know the answer, but I'll ask the question anyway. What exactly was the mandate and how narrow was the scope given to KPMG?

Mrs. Jablonski: I'll start with the last question first. I would tell you that I did not narrow the scope for KPMG at all. Certainly, you'll be able to see sometime in the future exactly what that scope was. When we released the report that we were having the administrative review done, we said that we were going to look at all areas of the program: my department division of PDD, the boards themselves, and the service agencies as well.

The second question: you'll have to remind me of that one.

Ms Pastoor: The explanation for the $6.3 million: if it actually went towards program management and if the funding was for staff within the ministry and how much staff falls into the program. I guess the question is: how is the money divided between staffing?

Mrs. Jablonski: There are 29 FTEs in the PDD program. The $6.3 million or so goes towards the administration of the boards for actually delivering the services or arranging the contracts with our service providers.

Ms Pastoor: Of that $6.3 million for the boards, how much of it is administration? A percentage would probably be okay. How much is administration versus actually front-line staff, the deliverers?

Mrs. Jablonski: I can tell you that one of the facts that I know is that the entire program is about $600 million, and in that program we know that we spend $120 million right now in administration. So the amount that my boards are spending in administration: if the total amount is $6.3 million and you want the percentage, I'm going to have to be able to provide you with that answer.

Ms Pastoor: Thank you. The information on the minister's website shows that there are approximately 9,300 people, as you've mentioned, in Alberta who are supported through PDD. This is compared to the 9,200 people who were on PDD the year before. The minister stated in last year's estimates debates that there was an average increase of 50 to 100 people per year for PDD. Is the minister again forecasting that PDD will have an increase of 100 people? I think you used the word "moderate" increase. I'm not sure how one controls what becomes moderate. PDD did receive a slight increase this year, putting the funding to community boards just above where they were before the cuts of last year. Will the funding actually be enough to compensate for the predictable growth in caseloads for service providers?

6:50

I think another question that may come in there is that it's only 100 people that you're looking at for an increase. How many people do you think are going to – what's the word? – graduate into seniors' benefits out of PDD? What I'm seeing, which is, I think, kudos to us in this province and perhaps everywhere else, too, is that people are living longer. Certainly, people with Down's syndrome, who may well have passed away long before 65, are living longer. So I'm just wondering if part of the ability to only take in a hundred people is because of attrition on the other end.

Mrs. Jablonski: We are expecting an increase again throughout this year of another 100 people. It's the people who need the services that come to us, so we are able to have some predictability because we know who's in children's services and receiving disability supports right now. But we provide for anybody who is eligible.

One of the things that we're finding is that there are a lot of parents out there who will look after their child with disabilities for as long as they can. As our population is aging and parents are aging, there's a point where they have to come to the PDD program and say: "You know what? I haven't needed your supports up to now, but now I need them." We have those numbers coming into the program as well. Yes, we lose some at the other end as you well know. So we feel comfortable in predicting that we will be receiving 100 more people into this program.

You asked if the funding increases were enough. I know that we're all working very hard to make the money that we do have available work. I know that in my department, for example, we're looking at efficiencies, and we believe that the funding that we have is enough to maintain the programs and services that we have to our individuals and to our families. We want to maintain those levels, and I actually am very proud that we are able to do that.

You asked how many are graduating into the seniors' benefits program. You're absolutely right; this is something that's kind of new. It's something I am very proud of, and I think you said that as well. We should be proud that our people with developmental disabilities are living longer, and they are going into seniors' benefits. I understand that even though our PDD clients will get some seniors' benefits just like any other senior, they will still continue to have PDD supports. It's the AISH part of what they receive that turns into seniors' benefits, but they do still continue to receive PDD supports. There are more and more turning age 65, so we are planning for that as we go forward. The exact number of people that are going into the seniors' benefit program: I haven't got that number for you at this time.

Ms Pastoor: Thank you. Another thought that would come to mind, and it's not really in your department, is that again here we are overlapping between Housing and Health because as the PDD people age, the health problems are going to become more acute and are going to require probably more of a chronic supervision than if it was just an average senior becoming 65. So I think the health part is going to be another huge issue that we'll have to look at. I mentioned that it's not your department, but again it's a very close overlap.

Can the minister provide the number of people who are supported through PDD-funded agencies broken down by which community board region that they're located in? I'll just ask that question. I'll get the next one going if there's a bit of an overlap there.

Mrs. Jablonski: Thank you for those comments. I would agree with you that just as any person who is reaching those senior years has some greater needs than they would've in their younger years, our PDD clients, too, have greater needs as they age. That's something we work together on with Health to ensure that they receive the supports they need.

You also asked about the number of PDD clients broken down into the regions that we have. These are our numbers. In our Calgary region we have about 2,600 clients, actually 2,605; in central region, 1,831; in Edmonton, 2,909; in northeast, 532; in northwest, 379; and in the south, 1,109. That totals 9,330 individuals.

Ms Pastoor: Thank you. I guess one of my concerns is the trained staff that are provided by the service providers. I will get into this a little bit further. Again we've got this discrepancy in wages. How is staff performance evaluated when they are under a service provider? Are there any spot checks, for lack of a better word, done? Has there ever been an independent audit that would be done? I'm thinking group homes and those kinds of service/housing situations. Again, part of that is Health, but what kind of evaluation is done on the trained staff?

Mrs. Jablonski: What I can tell you is that each agency that is provided funding through contracts with our regional boards has to meet accreditation standards. We require that they pass through a number of accreditation challenges, and when they've done that, then they're approved and licensed by the accrediting body. Then we're able to contract with them. So that's how we know that they have trained staff, through the accreditation body.

When they have contracts with our regional boards, there are audits done. There is accountability. I don't know exactly what form it takes, but I know that we oversee. In fact, actually, I do know. I have seen some of the charts that have to be produced from the agencies to the boards. They're quite detailed. One of the things our agencies have been asking is if we could be a little more flexible with how they provide that accountability of the dollars back to us, so we're looking at that because we want to work with them, obviously.

I would say to you that it's the accreditation that tells us that an agency is capable and qualified to look after individuals, and then it's the licences that we give after the accreditation, and our regional boards do audit our service agencies.

Ms Pastoor: Line 4.6 on page 259 again of the government estimates shows that program management support to persons with developmental disabilities is going to receive almost $6.4 million for the 2011-12 fiscal year. In last year's budget debates the minister told the committee that it would take two to three years for the ministry to reassess all of the people who receive PDD supports with the new supports intensity scale. I would like an update on the progress of that. I'm assuming that the funds for the staff who are reassessing the PDD recipients are coming from line 4.6. Could the minister correct me if that's not the case? Also, can the minister tell me how much of the $6.4 million is being allocated to the project and how many of the 9,300 people on PDD have already been reassessed using that supports intensity scale and if any have actually been taken off the rolls as a result of that?

7:00

Mrs. Jablonski: I can tell you that since November 2009 over 2,300 individuals have been interviewed and assessed using the supports intensity scale. Also, anyone who becomes eligible at this time for PDD is also assessed as they're going into the program. I didn't take very good notes from your questions, but there have been 2,300 individuals assessed. The purpose of the supports intensity scale is not to reduce the number of services they have but to find out what the right amount of services is that they need. You're probably aware, because you've worked with people in this area before, that if you provide too much for them, they don't get to be as independent as they can be. They don't get to live their best life. So we want to make sure that they're receiving the right amount of support. That's the purpose of the supports intensity scale. Like I said, 2,300 have been assessed, and we're continuing to assess the rest.

Ms Pastoor: None of them have been taken off the rolls because they actually have higher . . .

Mrs. Jablonski: None of our PDD clients who were in place have been removed from PDD because of the supports intensity scale.

Ms Pastoor: Okay. Thank you.

I'll move on to continuing care now. Line 4.9 – that really is quite a famous line – again on page 259 of the government estimates shows that this year Seniors and Community Supports will be spending $75 million through the affordable supportive living initiative, I think known as ASLI. It's up $25 million from the budget of '10-11, but an interesting thing is that a total of $89 million was spent through ASLI, $39 million more than budgeted. Could you explain why the ASLI funding had to be increased by that $35 million just toward the end of the fiscal year? Was the number of applications received greater than expected, and how many net new beds did the $39 million create? I know that you referred to quite a number of beds in your opening remarks, but it's actual new beds, not reassessed beds. The actual new beds.

Mrs. Jablonski: Thank you for those questions. I'm going to go to the $89 million first from last year. Last year we were approved in my budget for $50 million for the ASLI program, but we had the capital bonds injection. With the capital bonds injection we were able to spend the $89 million on ASLI projects.

The projects that we did have appointed for last year amounted to a total of 912 spaces. I think this is pretty interesting. We were able to approve Calgary for 100 beds with Covenant Health; Calgary, with Father Lacombe, another 150 beds; Didsbury, through the Bethany Care Society, we were able to provide 100 beds; Edmonton, through Lifestyle Options Ltd., Alberta Life Care Housing Foundation, 58 beds; High River, with Eldercare Communities Ltd., 72; Lacombe, with Christenson Communities Ltd., 88 beds; Red Deer, Covenant Health, 100 beds; Red Deer, for the Schizophrenia Society of Alberta, 25 beds; Spruce Grove, Choices in Community Living, 70 beds; Stettler, Points West Living, 88 beds; Westlock, the Westlock Foundation, 61. That was in the lodge. We used some funds to top up a continuing care facility in Grande Prairie. That totalled 912 beds or spaces, for a total of $89,147,087.

Ms Pastoor: Now, these 912 new spaces: are they assisted living? Are they lodge spaces? Are any of them remotely considered long-term care?

Mrs. Jablonski: It is a combination of some long-term care and mostly level 4 designated assisted living. I believe there are 60 long-term care beds in that total.

Ms Pastoor: I know this isn't your question, really. There is so much conversation about the continuity of facilities, where people walk in at this end and go out feet first on that end and receive everything as they need. My argument, I guess, with people who argue with me about long-term care . . . [A timer sounded]

The Chair: It's just a notice that your first 20 minutes are up. Please continue. You have another 20.

Ms Pastoor: I'll finish if the minister doesn't mind. Is that okay? Yeah.

People should theoretically at some point in time, not everyone but some, be assessed as long-term care. When they are in that room and in that bed, and they have been assessed as long-term care, that bed should be called long-term care because then it will allow them to have the health care services that they need. I'm not sure that I'm seeing that kind of continuity going through. It might be considered long-term care, but perhaps my definition of long-term care is a little bit different than many. When you say that 60 beds are long-term care, exactly what is that?

Mrs. Jablonski: When I mention 60 beds are long-term care, I'm talking about traditional, long-term care beds. There's no question about that.

You mentioned the aging in place concept, which is a vision that we have. We're not there yet, and I agree with you because we know that when people move, especially when they're seniors, it can be very traumatic at times. The idea is to be able to put somebody in a lovely room that they can call home for the rest of their lives. Instead of having them move to another facility or even another floor, they can stay in that room, and the level of care increases according to their needs. That's the vision. Because of building codes and certain things like that we can't achieve that a hundred per cent right now, but that's the goal that we are striving for.

Ms Pastoor: Some of those building codes, I think, fall under the Nursing Homes Act, that probably should be reviewed at this point in time. I know that the firewalls and the sprinkler systems and all those sorts of things, wide doors, are quite a bit different than what you'd get in designated assisted living.

Thank you for that answer because I think, clearly, that's what has to happen. If they're going to stay in that room, the staffing

has to be prepared for all of the different levels that come. If it's Alzheimer's, that's a whole different ball of wax. They may have to move for security, for their sake as well.

One of the things that's very important is that we've got staff that actually understand palliative care. I do believe that nurses are the ones that should be delivering palliative care, particularly if pain medication is required because it does require a certain amount of skill to keep people pain free. Then I'll get on my little soapbox about my belief that this province is probably in the Neanderthal age when it comes to actually having medicinal marijuana being able to be prescribed.

Further on to these beds that we've been talking about, will the minister also provide how much funding is going towards private, for-profit facilities and how much is going towards nonprofit? Is the minister concerned that all over some of the extra costs that Alberta seniors are forced to pay when they're forced to stay at private supportive living facilities – and I think you probably know what I'm talking about in terms of people having to pay for their medications, having to pay for an extra bath. Actually, some people have to pay to be taken to the dining room. So there are some huge extra costs there. At this point in time it's people with money and it's women with pensions. Women without a pension would never be allowed into these places unless they are being subsidized partly by your department because of the costs that are involved.

If you could maybe just address those concerns.

Mrs. Jablonski: Yes. The first question that you asked, I believe, was the numbers for not-for-profit versus for-profit. In the four years that we've provided funding for the ASLI program since '07-08, 83 grants have been awarded. Fifty-nine were not-for-profit organizations and 24 were private organizations.

What I'd like to say to you, though, is that once somebody agrees to accept the funding from ASLI, we have a contract with them that stipulates the amount that they can charge and what they need to provide with that. I think you have to remember that when you're talking about these extra charges in other areas, you won't find those extra charges for basic needs in any facility that has an ASLI grant because of the contract that we sign with the organization.

7:10

Ms Pastoor: Okay. While I'm on that, how flexible is that contract? Someone today may be okay with, perhaps, a bath a week and two days later, because of strokes or whatever, may require that extra bath. So when they go in, they may not need that, but as they go along, they are going to need some of the extra care that will cost them extra money. If they're in the ASLI program, then they are looked after? Would that be covered under seniors' benefits as well?

Mrs. Jablonski: First of all, the flexibility of the contract. The contract that a provider receives is from Alberta Health Services. I can't answer for their contracts, but I would say to you that if their needs change – you mentioned if somebody had a stroke, and they needed something – then I assume that, you know, Alberta Health Services would be involved in the changing of the needs for that individual.

ASLI itself has a firm contract, and that is that if you accept the ASLI funding for the facility, then you have to remain below or at the capped amount that we have in place for a long-term care accommodation fee, which right now is $1,700.

Ms Pastoor: One of the things that comes through my office quite a bit – and it comes from all over the province only because it's my portfolio – is food. I've seen some of it. My understanding is that when Alberta Health Services sort of tried to do this blanket buying, some of the food did taste like that blanket. It is a huge issue. A lot of the stuff comes in like mush, and they put it in the microwave, and it's really pretty bad food. I don't know if that comes under the contract that you would be responsible for because I do know that it's part of the housing part of it. I don't know if this has become a problem. I'm certainly getting enough of it, and I'm not sure that Alberta Health Services is listening.

Mrs. Jablonski: I would tell you that I've visited many, many continuing care facilities, and the one thing that most of our residents look forward to is that dinner or that meal that they're going to receive. I know how important that food is to them, and if you're going to live there for the rest of your life, it's natural to want to have some good food. So, yes, in the past we have received complaints because we're in charge of accommodation, and that includes food services as well.

I think that Alberta Health Services is quite aware of the program that they extended, that it wasn't working out in some areas, so I think that they've been working on that. I wouldn't find it acceptable myself. I can tell you that in my office I have received fewer complaints about the food, but food is a very important part of the accommodations. If we have complaints, we check them out. Lately, I would say in the last number of months, I've received fewer and fewer calls to my office about the food. I think Alberta Health Services has been working towards, certainly, a better presentation of the food. Obviously, it's something that's really important.

Ms Pastoor: Line 4.5 on page 259 of the government estimates shows that supportive living and long-term care will receive $4.3 million in the coming fiscal year. This is an increase of only $155,000 from the year just past. Will the minister confirm that part of this budget line is where the funding for monitoring and inspections of long-term care and supportive living facilities comes from? How much of this line accounts for the inspections and monitoring?

With the province promising to create 5,300 continuing care spaces over the next five years, is the minister certain that the amount that can be budgeted is sufficient to ensure the safety and quality of all the continuing care beds in Alberta? We need to ensure that seniors have affordable, high-quality care when they need to enter these facilities. Not everybody wants to go into these facilities, so when they go through that front door and are first admitted, it's so important that some of that extra time, which costs money, is put in towards ensuring that these people actually are in the right place.

Mrs. Jablonski: I can tell you that the 2011 budget for monitoring and inspections and the associated administrative and support services for the accommodation and licensing unit is $3.7 million, and that is included in element 4.5, supportive living and long-term care, the line that you mentioned.

As of February 10 of this year there were 174 long-term care facilities and 723 supportive living accommodations. These facilities are inspected at least annually, so once a year for sure, and between April 1 and December 31 of last year 934 visits were conducted, which is an average of 104 visits per month. That's because we do one annual inspection per facility. If we receive a complaint that we verify – it's not just frivolous or whatever – we will go in and inspect again at random.

Ms Pastoor: Random?

Mrs. Jablonski: Yes. The annual inspection they have notice of, but if there's a complaint, it's random.

Ms Pastoor: In October of last year the ministry announced that they were raising long-term care rates by 3 per cent in February of 2011. The press release stated that approximately 8,100 of the 14,700 long-term care residents in Alberta receive financial assistance through the Alberta seniors' benefit and the assured income for the AISH programs. That means that 55 per cent of the long-term care residents in Alberta are low income.

The year before your ministry raised the Alberta seniors' benefits and AISH, but the long-term care fee increase pretty much wipes out any benefit that low-income seniors had from their benefit increase. Is the minister concerned about the financial impact to seniors through this rate increase, and what actions is the minister taking to ensure that more seniors are not destitute simply because they need the care that is provided in long-term care facilities?

Again, it's a crossover in long-term care because the care really is on the health side and the housing is, of course, your department. What happens often is that many of the people that are in long-term care are older, they're sicker, and they often don't have that much money. Even if they're just in there, they really are existing; they're not living. There isn't any little extra money for just a treat every now and again. So when that increase came through, did the people that were getting the seniors' benefit also get a raise in that benefit? That would help. Because sometimes it's just not a help.

Mrs. Jablonski: That's exactly what would have happened. We increased the benefit level for anyone who we are supporting through the Alberta seniors' benefit for their long-term care or designated assisted living housing. There's a $265 rule. You've heard of that before. Regardless of what the increase is, at the end they still have to maintain the $265. We increase their benefit to cover the increase in the long-term care accommodation rate so that they will always receive the $265. So we are supporting the low-income better in long-term care and the different designated assisted living levels as well.

Ms Pastoor: In long-term care many, many times the $265 is enough because they require so much physical and medical care, but in the designated assisted living sometimes the $265 doesn't even come near to what they could do because many of them are still mobile. They're frail, but they're mobile. They actually could do things and sometimes get out, and then they can't. The $265 sometimes goes for Depends and all those kinds of things, and the money is gone in no time flat.

7:20

I just have a question here, but I'm going to switch to something that came out of my constituency, if I might. This is a constituent that received a living allowance through CPP disability, but now it's going to be deducted off the AISH allowance when it was reviewed in June. The CPP increase was $1,587, and the AISH income was $326 with the supplements. Then they took away that money. AISH then reflected that money that was coming through from the federal government. I'm not sure how that works. What happens is the federal money gets put in their account, and you take it out. To me it looks like the province is being able to make money through the feds donating in kind of a washed system. Maybe you could explain how that happens?

Mrs. Jablonski: Okay. I want to comment first on the $265 dollars that you mentioned and what some of our seniors need that $265 dollars for. You mentioned Depends, which is incontinence supplies, and I would tell you that we have Alberta aids to daily living, which helps to provide those kinds of supplies to our very low income, who then do not have to have the co-share price. If they're not looking at AADL, they need to be looking at that for some of that support.

Now going on to the CPP disability, the AISH benefit was not meant to add to any other benefits. It's to ensure that you receive a minimum of $1,188 as an income, and if the income is coming from CPP – we're not taking their CPP money. What we're doing is reducing the benefit because we want to maintain that level, and it's maintained between the two disability programs.

Ms Pastoor: Well, maybe the two governments should get together and just not give it to them in the first place. It would save a lot of bookkeeping.

Okay. Let's go on to AISH. Of course, I will start off with my mantra that I believe that AISH should be indexed according to MLA salaries, which I think would be only fair. Can the minister tell the committee how many AISH recipients are living independently, how many are living in group homes, how many in assisted living facilities, and how many are in long-term care?

Mrs. Jablonski: I believe that because AISH clients are independent clients – they're not like a PDD client – we don't track where they live. If they have a need to be living in a group home, that's something that we don't track because they're considered to be independent clients, not like PDD at all. So I can't tell you how many are in group homes. I know that we have a number of people with disabilities like MS, for example, that are in long-term care facilities or level 4 care facilities, but I don't believe that I have that number at this time.

What I do know is that we have AISH. If, because of your disability, you have to go into some sort of group home or you have to go into assisted living and you have to pay the assisted living fee, which we know is approximately $1,700 a month right now, we are able to provide what's called modified AISH. What that means is that if you have been assessed to live in assisted living of level 3, 4, or 5 but you're not 65 yet – so you're not receiving the seniors benefits – we provide what's called modified AISH to help cover the fees of your assisted living or long-term care. We do know that there are 1,430 AISH clients who are living in designated assisted living and long-term care.

Ms Pastoor: Thank you. In the long-term care accommodation fees it's private, semi-private, and a standard ward. Do standard wards or semi-privates actually exist anymore, other than in a couple of situations?

Mrs. Jablonski: Okay. What I can tell you is that I would probably be able to say that in all of the new facilities, you will not – not – see a ward. You will see some semi-privates. Like, I'll give you an example. In the new extended care that opened up in Red Deer with 280 continuing care beds, you will find six semi-privates, and that's for couples. [A timer sounded] That's why we have them, but only six.

The Chair: I'm sorry, Minister. I really hate to interrupt. That's just the last reminder. Would you continue on. You both have 20 minutes left now altogether.

Mrs. Jablonski: The only places that you'll find wards now are in the older continuing care facilities.

We did the Demographic Planning Commission report. We talked to 100 stakeholder groups representing many seniors. We

also had 10,000 people respond to us online with our Demographic Planning Commission report. We found out from there that the majority of people who responded online, believe it or not, were baby boomers. What we learned from that is that the preference was strongly for a private room. So I would say to you that the majority of beds, or spaces, that are being built now are private rooms.

Ms Pastoor: Yes. I can understand why the baby boomers are doing it because we're going to be there soon, so we better have it the way we want it.

However, as we stand here and as I'm sure some of those people that responded online clearly are computer literate and can handle those sorts of things, we all want private now because we are private people. But when we're older and we're in that nursing home or we're in that designated assisted and we're in this lonely room, semi-privates and sometimes wards don't look all that bad. I've always maintained that it wasn't the four to the room; it was the size of the room for the four or the three or the two. If you work in the industry, you see that people really do bond, particularly those that don't have family that come on a regular basis. Private is good, but we'll see how many people really like it when they're sitting there all alone and they're looking for their antidepressant pill.

Of the 40,000 people who receive AISH, how many of these people also receive AISH health-related assistance? From that question: how much is the minister expecting the caseload to grow for this program? I guess my other question to go with that would be: how many actually suffer from diagnosed mental health problems and/or addictions? Addictions now comes under mental health. I think it's a separate issue, but it's now under mental health.

Mrs. Jablonski: You asked how many AISH have health-related assistance.

Ms Pastoor: Mental health.

Mrs. Jablonski: Okay. Were you talking like prescription drugs and health needs at all?

Ms Pastoor: Yeah. How many people on AISH actually have diagnosed mental health issues – yes, they would be on meds – and how many would be considered addiction?

Mrs. Jablonski: I don't know offhand exactly how many are diagnosed with mental health and addictions. I know that it would be a high percentage of our AISH clients. I can tell you that the average amount of money that we contribute towards prescription drugs and their medical needs is about $370 on average per client. The health-related assistance is approximately $191.4 million, which is about 24.5 per cent of our budget, and that's for health benefits.

I do have the number now. The number of AISH clients that are diagnosed with mental health or addiction problems is 32 per cent.

Ms Pastoor: Thank you. It actually isn't as high as I thought it was going to be.

Let me just digress off on that one a little bit. First Nations: if they live off-reserve, they get AISH. If they live on-reserve, are there any crossovers of those dollars? I'm thinking, of course, of FASD, and it's a huge, huge problem. Is there a crossover on that, and do you have an abnormal amount of First Nations within that 32 per cent group?

7:30

Mrs. Jablonski: You're correct when you state that when our First Nations are living off-reserve, we do support them if they require AISH. When they require AISH assistance and they're on-reserve, the federal government pays for their AISH. So we work with the federal government to support our First Nations on-reserve.

Ms Pastoor: Many of the First Nations people go back and forth between, though, all in the same week, and I understand how difficult that might be – again, I'm talking on the health side – to keep a set plan that they take their meds regularly and actually have a chance, when and if they can, to see a psychiatrist.

I'll go on to seniors' benefits if I might. Just to change the lines up, lines 2.11 and 2.12 on page 258 of the government estimates show that the funding for seniors' dental assistance is $59.1 million and for seniors' optical assistance is $8.2 million. Can the minister provide the number of Alberta seniors who receive support from both dental assistance and optical assistance? And I'd like to go a little further, perhaps, with comments on that. Do these benefits really reflect the reality of today? Seniors' eyes change so very rapidly, and dentists are very expensive.

All we have to do, unfortunately, is look at some of the younger children in our communities to see how bad their teeth are because they can't afford a dentist. One of the determinants of health is good oral health. I think the baby boomers are going to come across the problem of having been sold implants, that require a lot more care than, say, dentures. I don't care what they say, implants require a great deal of maintenance. The amount of money, the capped fee, for dental wouldn't even allow you go in and smell the air at the dentist if you needed care for your implants.

Mrs. Jablonski: Thank you for those questions. In Alberta we have approximately 86,500 seniors who use the dental plan annually. Of course, they're in and out of the program. They might be using it this year; they might not use it next year. Then the optical plan: we have 36,000 seniors, approximately, that are using it on an annual basis.

The dental plan is for basic dental procedures, and that is a program that has been developed in co-operation with the Alberta association that represents our dentists. So you probably can understand that with the 148,000 seniors on Alberta seniors' benefit and the 85,000 that are using the dental plan, we are able to give basic support. That's what is available. The same is for optical. We are able to provide basic care for optical as well.

Ms Pastoor: I guess the point of my question is that I'm not sure those numbers really reflect the reality of what we're going into with baby boomers or, actually, even reflect the reality of today, particularly for eyeglasses. Seniors' eyes change not just every five years or every two years, whatever they're entitled to. They'll often, of course, not have their glasses changed when, really, they should, which then, of course, changes the way they can read, or not read, and watch television. I think that Kindle is going to have to find a way to magnify their screens for the baby boomers that are coming up, certainly for me.

On line 2.10 on page 258 of the government estimates it shows that funding for special-needs assistance for seniors' program is going to receive $19.8 million for the '11-12 year, yet compared to the '09-10 funding level, it's actually a slight decrease. This is a program to help low-income seniors with one-time extraordinary expenses, which many low-income seniors need and often on a regular basis. Can the minister tell the committee how many applications this program received in the '10-11 fiscal year? Can the

minister also tell the committee how many of those received applications were actually denied?

Mrs. Jablonski: So the first question was how many received the special-needs benefit?

Ms Pastoor: Yes, and if any were denied.

Mrs. Jablonski: Well, there is a criteria that they have to meet, but usually when they're on Alberta seniors' benefits and they have needs that meet our eligibility and our criteria, they are accepted. The number that received special-needs assistance was 23,400 in last year's budget, and we anticipate an equal number to be applying for special needs again this year.

Ms Pastoor: Thank you.

Have the eligibility criteria for being accepted changed within the last three years?

Mrs. Jablonski: As far as I am concerned, since I've been minister, the eligibility criteria have not changed. What did change were the thresholds, the single and the couple thresholds that allowed more seniors to come into Alberta seniors' benefit, which is one of the first criteria for receiving and applying for special-needs assistance. That's the only thing that changed. It was changing those thresholds so that more could be on that benefit and an increase to the Alberta seniors' benefit. But I don't think the criteria for special-needs assistance changed.

Ms Pastoor: We'll go into Alberta Supports. Line 5 on page 259 of the government estimates shows that the total funding that's going toward the implementation of Alberta Supports is $13.9 million. That's an increase of $9.7 million, or 2.3 times the funding for '10-11. The principle behind the program, of course, is one of necessity and is good: one-stop access for Albertans that need help, whether it is seniors, people with disabilities, people in need of employment, et cetera. But there are, I think, some questions around that. Right now it's just a website and a call centre. Every day at my constituency office I have people coming to me asking me to direct them to the most appropriate place to receive the services they need, and I am pointing them in that direction.

Some of my constituents are concerned about the transition points between the support programs and the possibility that they could fall through the cracks at crucial times. Often this is just trying to think ahead on their part. However, I still think that people who are at the other end of a website or people who are at the other end of a public call centre really have to know that they are public servants and not government servants. I do get – not as often, I will admit. I think we have discussed this before. I certainly am not getting as many, but I still am getting some where these poor little people feel dismissed because the people speak too fast, or they're just not connecting with that person on the phone. I think it's really important that they're there to help. Their first job is to help these people regardless of what the people on the other end of the phone are saying. Often they get frustrated, and then they yell, and they go: "Well, no. I don't have to listen to you because you yelled." And they hang up. I get a little excited when I hear that kind of stuff.

Can the minister explain, after all of that, why there's such a large increase for the program this year? It only came online partway through last year, but a large increase deserves some kind of an explanation.

I guess the other thing is that I'm not sure how you would evaluate this. One of the other ways that may be an evaluation is: exactly how much time does each call to a senior take? I don't know if this kind of data can actually be generated, but if you're speaking to a 70-year-old as opposed to a 90-year-old, I would suspect it's going to take 10 minutes longer for the 90-year-old than the 70-year-old, depending, of course, on the mental capacity of each person. Is there any of that kind of what I would call service data that you collect?

7:40

Mrs. Jablonski: The first thing I would like to say to you is that our seniors' call centre was one of the very best in the country, and I was extremely proud of it.

When we moved through Alberta Supports to become one call centre, we did a lot of training with our senior-friendly receptionists. When we transferred it into the one call centre instead of eight different call centres in government, we made sure that their senior-friendly training was also given to the other call centre receptionists so that we could treat each senior with respect and dignity. And (b) if we had to repeat – because you know what it's like with seniors – they would do that with patience. It's very important to me.

I know that we were able to maintain that sort of response while we were the seniors' call line. I believe that there are some frustrations, of course, because there's a big start-up. In the one call centre we have run into some glitches, but none of that, to me, is an acceptable excuse for not treating somebody with respect and dignity on the line. It's what I expect. I believe it's what the other ministers who are involved in the call centre expect, and that's certainly something that we are striving for. Anyone knows that when you are dealing with a senior, it might take a little bit longer.

I'm not sure if we have the data to tell you that, but we do know that we're trying to limit the wait times on the call centre lines to less than three minutes. We're working very hard at achieving that goal. But I don't have the data to say exactly how long or how many calls were five minutes or what for our seniors.

Ms Pastoor: Well, I know that when I make that phone call and somebody says to me that it's online, I'm going to say: "Honey, that's why I called you. I don't do online."

There are lots of seniors – and it's amazing how many can use Skype and how many can actually do e-mail, but once it starts to get beyond forms and it goes into three or four or five screens, they're lost. So I think it's very important that we have caring voices on the other end of the line. I know that you do, too, and I know that you are working towards that. This wasn't necessarily a criticism so much as just that I want that awareness out there.

This is sort of miscellaneous, so I may be all over the map on this. Sorry. The aids to daily living. How many of the people who received grants under AADL were low-income Albertans and exempt from the $500 copay, and how many were not? I don't know if you've got those numbers.

Mrs. Jablonski: I don't have those numbers at my fingertips, but I do know that there are 85,000 Albertans that use the aids to daily living program. The majority of them, I think, 60 per cent of those who use AADL, are seniors. Overall, 50 per cent who use that program are on the copay plan because the majority of them, well, obviously, 50 per cent, are low income.

Ms Pastoor: I know just from my experience, which was a number of years ago now – how closely is the aids to daily living equipment actually watched? Sometimes wheelchairs would float forever. Little bits and pieces would be floating around. I'm thinking that there may be some money to be saved because many of these wheelchairs and canes and whatever else that they use really

can be recycled and reused. It's just something that I know I noticed, and I guess I'm passing that along.

The residential access modification program, RAMP, allows Albertans to make their homes more wheelchair accessible. Can the minister tell the committee how much of the $118 million that's allocated to AADL is dedicated to RAMP and how many applications RAMP receives in an average year? How many applications is the minister expecting for RAMP this year? I would suspect that if they're asking for a ramp, they have to have many other things inside the house as well.

Mrs. Jablonski: We're just getting those numbers to tell you how much of the aids to daily living program is the RAMP program. That number is $1.265 million, and we got 250 applications for RAMP funding last year.

Then I also wanted to add, because you asked the question earlier, that we do have a wheelchair recycling program. I understand we can use a wheelchair for up to three or four different clients, so we are trying to be as efficient as we can with that as well.

Ms Pastoor: Thank you. The news release that announced that the Alberta Supports website is now open also mentioned a pilot project in Red Deer that would streamline the transitions for people with disabilities and that it would begin in early 2011. Can the minister say how much of the funding has been allocated to this pilot project and also to three other pilot projects that were outlined December 15, 2010, in the news release? When will the public see some public reporting? [A timer sounded] Well, that's the end of that. I may wait and come back.

The Chair: Thank you for your questions.

According to our procedure the next 20 minutes have been allocated for the Wildrose Alliance, and I would think that Mrs. Forsyth would like the next 20 minutes of back and forth with the minister.

Mrs. Forsyth: Thanks, Mr. Chair. I appreciate having the opportunity to have the seniors minister in front of us and have some discussion with her. Our preference is to take the first 10 minutes, if we can, and ask questions. Then if the minister doesn't mind, maybe she can respond in the balance of the 10 minutes or provide it in writing to us. That would be our preference if we may, so thank you.

Minister, I want to thank you and your staff for being here. I appreciate the opportunity to have this dialogue with you. While it's short, it's, I think, worth while, and I look forward to hearing some of the responses and getting the balance of it in writing.

I want to start off, if I may, please, with long-term care beds. I want to find out exactly how many long-term care beds we have in the province. I know that when the Member for Lethbridge-East was asking, you talked about, I think, 912 beds, or spaces, as you referred to them, at a cost of $89 million. Of those, you indicated 60 long-term care beds are, as you said – and I'm sure *Hansard* can clarify it – traditional beds.

You know, I do appreciate where the government is going on this initiative that they continually talk about, 1,100 continuing care beds. I'm living and breathing at this particular moment having my mum as a senior, and I can see what's happening in her assisted living care facility and what's happening to her friends that are seniors. When they move from that level of care, from assisted living to needing long-term care, there is no space available. I see that on a continuous, daily basis at my mum's centre, at three of the centres just in Calgary-Fish Creek, one being an independent living and another one being assisted living. I'm concerned about the planning that the government has and that you as the ministry have in planning the spaces for, as you want to call it, the traditional long-term care spaces.

You did indicate that you – I didn't write exactly your words, Minister, and I apologize for that – wanted to provide the right care at the right time, and I think that's admirable. But I can tell you that in the assisted living facility that my mum currently is in, they don't have the capacity. They don't have the staffing. A beautiful residence, quite frankly, but if you have a dementia patient or a client – and I'm dealing with one now – that is acting out, he can't stay in the same room with his wife. He can't stay in the assisted living, not only for her safety but the residents' public safety and, quite frankly, his own safety.

You've got this transition of seniors that can move very quickly from assisted living from a fall, from a stroke. The Member for Lethbridge-East is much more knowledgeable on this kind of thing from her previous nursing background, and we've had numerous conversations on this. Where's the plan on what you're going to do with these seniors?

My next question – and I apologize if I wasn't here; we were running a few minutes late – is about the KPMG report. Where is it? When are you going to bring it out? If I recall, it was supposed to come out last October. Our PDD people are wondering where it is, what's in the report, and when you're going to release it. I know you've said on several occasions in this Legislature: it's coming; it's coming; it's coming. I think it's a report done for Albertans, and I would expect, knowing your integrity, that you would probably table that, hopefully before session is over.

7:50

I want to talk to you briefly about your 3.1, supporting the continuing care strategy's objective to build infrastructure for aging in the right place by providing capital grants. We had this big bond issue, where we were going to have all this money collected. I'd like to know how many bonds were bought by Albertans, the total of that, and what those bonds are being used for. The minister of finance and Treasury had continually stood up in this Legislature talking about those bonds and the need for us to have an infrastructure plan in place for assisted living and our continuing care and long-term care.

In 2.1 you talk about the implementation of the province's elder abuse strategy. Admirable. I love the commercial that the federal government is doing on elder abuse. I would like to know what your plans are. I think one of the things that is missing in some of your plans is on the financial abuse. How do you plan on dealing with this? We've got a seniors' group that, you know, I introduced in the Assembly. They are desperate to meet with you, and it's about your adult guardianship act. They feel that they have been abused by their families. Quite frankly, in meeting with them for a couple of hours, I was somewhat taken aback by the abuse that they've suffered from family members. What is the government going to do to protect these seniors? I think it's the responsibility of your ministry.

You talk about an Alberta abuse strategy. To listen to the whole picture, you know, we have financial abuse, and we have abuse of our seniors that in this year of 2011 is sometimes hard to comprehend. We've heard some horrific stories of a senior down in Toronto, where the children had kept her in a garage, and by the time they found her, she was just about frozen to death.

I want to start on priority 1.1. You talk about "citizen-centred programs and services that are more effective, appropriate and easier to access." I'd like to know what that is exactly. I'm wondering if that's what was referred to as the call centre. While it's nice to be in the time of computers and things, you've got seniors that just can't do that. My staff was laughing at me as we were

madly trying to get back in time for the meeting. I'm literally yelling at my mom on the phone because she's hard of hearing, and it just so happens that you get a zone, and she's saying: what are you yelling at me for? Then in the next breath she's saying: "I can't hear you. What are you saying?" You're dealing with those kinds of things all the time.

You know, you moved your seniors call centre. I really would like to see what you're talking about on that.

You talk about implementing improvements to the AISH program to decrease complexity and improve efficiency. How are you going to do that?

You talk about implementing improvements to the PDD program to improve outcomes and increase effectiveness. How are you planning on doing that, and who have you consulted to do that?

You talk about implementation of the aging population policy framework. Where are you on this policy framework, and when are you going to implement it? I'd like to understand that.

We go back to 3.2. I'm sorry, Minister, that I'm skipping all over the place. Wildrose doesn't have a big budget, so we do a lot of it ourselves. You talk about the facilities' compliance with accommodations standards. I can tell you, Minister, that a lot of seniors are afraid to make a complaint. They're afraid that there'll be repercussions from the seniors' centre. Can you or are you looking at some sort of a complaint process so that seniors or their families can issue a complaint on a particular seniors' centre anonymously?

I also understand that you have to be concerned about frivolous complaints, and I appreciate that there are going to be some frivolous complaints. But with the seniors that I talk to – and being the seniors' critic for the Wildrose, I've talked to tons and tons, hundreds of them across this province, you know – it concerns me that they're concerned about lodging a complaint because they're afraid. I met with one senior, a former police inspector, for goodness' sake. When I talked to him about lodging a complaint, he said: oh, no; they're going to kick me out. This is a former inspector of a police force. You know, I was very, very taken aback.

I want to touch briefly on the failure to inspect and license all group homes provided for your AISH recipients. You know you had a big failure to inspect and license all group homes providing care for AISH recipients. There was a huge kerfuffle in the city of Edmonton, and my understanding in reading that – and I don't have that in front of me – is that the comments were that they didn't realize they had to be licensed. Then they were licensed, and then they were talking about the fact that with the regulations that were imposed on them, they couldn't make any money. It was a horrific, horrific case.

I'll touch again on the freeze on your long-term care beds with the government switching to continuing care. It frightens me to think of the future and what's happening with the continuing care beds versus the long-term care beds.

What do you do about adults in the PDD program that are being abused? That goes back to another case on that that was quite controversial, the Betty Anne Gagnon case. How do you get past that? That probably, again, goes back to your elder abuse strategy, and it could be PDD.

I hear the bell.

The Chair: Thank you, Calgary-Fish Creek.

Now back to the minister.

Mrs. Jablonski: Thank you. I'm going to try and answer some of your questions, and I'll begin by saying that I appreciate your concern about our long-term care beds. I can't answer a whole lot of questions because that would be within, of course, as you know, Alberta Health and Wellness, but I can tell you that right now there are 14,800 long-term care beds in Alberta.

We talk about the aging in place vision. You mentioned that there is a capacity and staffing concern. I would say to you that we're not at the point in all of our facilities where we can actually age in place. That vision is for a senior to go into a home environment in an assisted living facility, designated assisted living or long-term care, and be able to stay there until they reach, you know, the end of their life and not have to move because we know that moving is traumatic. That's the vision. We're going to get to it. We're not there yet.

You talked about a dementia client who was acting out. It's obvious to all of us that dementia clients need safe and secure environments. We're working very hard to build facilities. We call them dementia cottages. We want to use best practices because we know that dementia patients can easily be triggered into bad behaviours, so we're striving for that in our ASLI program and what we're building. I don't know if you've ever had the opportunity to see a dementia cottage. I've seen them, and I think that we're doing a fantastic job when we have them up and running. One of the things that I really appreciate is that a client doesn't have to feel trapped behind bars or behind locked doors. They are able to go out into the garden, and many of them are building figure eight gardens. So our Albertans with dementia can walk around and never feel like they're going to walk into a wall. I think that some of our dementia cottages are just fantastic locations. We need to build more, for sure.

You talked about the KPMG report. You wanted to know when. You said that I received it last October. You are correct; I did receive it. It is going through the process. I have stated here a number of times that I am going to release that report, so it will be released in the next while.

You also talked about the capital grants. Well, the capital grants come underneath the President of the Treasury Board or the department of finance. Last year I was granted $50 million in my ASLI program for assisted affordable supportive living. We had another $39.4 million or thereabouts added on top of my $50 million, so I had $89.4 million to spend in the ASLI program. The rest of the capital grants: once again, you would have to ask the President of the Treasury Board what the plans are for that.

You talked about the elder abuse strategy, and I know this is close to your heart. It's something that's very important to all of us. Financial abuse is a very tricky area for anyone because many of our seniors who are experiencing financial abuse are ashamed to report it. They're ashamed to report that they are being abused by their families. We know this is an issue. We are investigating ways that we can try to deal with this. One of the ways is by getting financial institutions to be aware of what financial abuse might look like. So if a senior has an account at the Royal Bank, for example, and there's money coming out of that account that looks suspicious, I understand that tellers are being trained so that they can mention in a sensitive way: perhaps you want to look at your account and see what's happening.

8:00

Other than that, without seniors coming forward and letting us know that they're experiencing financial abuse – that then becomes almost a police matter, depending on the amounts, and I know we must be talking about some big amounts. It becomes a police matter, and our seniors have to be willing to co-operate. We do have a tool that we are able to give to our seniors that they can read through and be able to determine themselves whether or not they may be experiencing some financial abuse. The document is

at my desk over there; otherwise, I'd hold it up for you. But it certainly gives them advice and tells them where to go for help. This was a very successful document. We've had two printings of it because victim associations are asking for this because it helps them as well. We know that senior abuse is major, and we have some programs in place to help address that.

As far as the other kind of abuse, as I think you're aware because of your previous life as minister of children's services, we are supporting a seniors' shelter in Calgary, and we do support seniors' shelters here in Edmonton as well, once again trying to make people aware of what abuse is and that when you see it, it's everybody's business. Certainly, senior abuse is a form of domestic violence or domestic abuse as well. This is part of those programs which are very important programs that come from both the provincial and the federal governments, as you mentioned.

Moving on to the Adult Guardianship and Trusteeship Act, I'm very proud of that act. There are a number of reasons why it is a huge improvement over the 30-year-old Dependent Adults Act. At that time, there was no complaint process in the Dependent Adults Act. We have a clear complaints process in the AGTA. We also have different levels of decision-making. With the old Dependent Adults Act you went from having your own capacity to make decisions to full guardianship, and those were the only choices you had. Now we have a choice of decision-making as people start to lose their capacity because, you know, it doesn't happen all at once. In some cases it might, with a trauma to the brain or something like that, but as far as aging is concerned, if that's happening, it happens in stages. So you can have a co decision-maker, a joint decision-maker, who can stand by you and be part of making those decisions.

We also have in the AGTA the ability for investigations. We didn't have as much ability in the old act. So when somebody wants to complain about the person who is supposed to be their guardian or the person who is supposed to be their trustee, we can start investigations on the complaints. It's a remarkable act that is really highly admired by different jurisdictions around the world. We've had people from Great Britain and Australia and, I believe, from Europe as well write to us and ask us about this act because what we have here is one of the newest guardianship-type acts in the world, I guess.

You talked about the citizens centre program, and I think you were referring to Alberta Supports, another program that I'm very, very proud of. We've moving to client centre supports. I'm sure that as an MLA you've experienced what I've experienced, and that's when a single mother, perhaps with diabetes and a child with disabilities and other children that need child care, comes in, and she needs training; she needs some help. As an MLA I've experienced this. I have to say: "Okay. Well, we can send you here to get this, we can send you here to get that, and you can get your training over here, and we can provide child care supports." But we have to send her to five different doors, as you're very well aware.

Alberta Supports has meant that with the power of technology, which is what we're trying to get into place – that takes a little bit of time; you have to write the programs and that sort of thing – we're able to have that client come to one location and be provided with those different supports all in one place. So it's one-stop shopping sort of thing. Also, in the Alberta Supports program the vision is that we want to be able to provide for those who are eligible – so this doesn't make it easy for everybody; it's for those who are eligible, so those criteria remain the same – access to the supports they need so that they can make themselves better, make themselves productive citizens. That's what Alberta Supports is all about: getting them training and child care help, and if they need medical supports, making those available as well. The idea is that when there is less anxiety and less stress, they have a better opportunity to improve themselves and, hopefully, become happy and productive citizens, which is the goal.

Now, with Alberta Supports you mentioned that some seniors aren't computer literate, that some baby boomers aren't computer literate. What we have is Click, Call, or Come In. You've heard that term before. It means that, yeah, you can go online, and I believe that what we have online is client friendly so that you can go through it. If you don't like computers, though – and some people don't – you can call and talk to a real person. If you don't want to do that either for whatever reason, you can come in and be supported at the counter or in an office. So we're making it available in those three different ways.

We know that it's improving efficiency because there's less duplication. For example, this is the vision: instead of having five caseworkers and five case files and maybe the left hand not knowing exactly what the right hand is doing, you have one case worker and one case file to help the client.

The Chair: Thank you, Minister. Sorry that the time allocation is up, but I assume that you will also try to respond to the member's questions that you weren't able to answer. Thank you.

According to our next order we now have 20 minutes available to Ms Notley, Edmonton-Strathcona, if she'd care to make comments.

Ms Notley: Thank you. I'd like to actually, if I could, go back to the other way of doing things with a little bit more of a back and forth, and we'll see how things work in terms of whether I get another chance if I don't get through it all. That tends to work, although it is a bit different, I will say, in this setting, having to stand up, speak and ask questions, and then sit down again, but I will see how that works.

Anyway, I want to go back to an area that's been touched on in previous questions already. I guess it started with reference to the aging population framework. I note that that's identified in your business plan, and I have flipped through it. I see it was released in November of 2010, and I see that it's one of your strategic objectives in your business plan. My first question would simply be where is the work around co-ordinating the implementation of that. Where do I see that in your budget? In which line item would I see that? Then at what point can we expect to see some measureable performance standards and objectives with respect to tracking progress with respect to that implementation?

In flipping through the report itself, I will say that I was a bit disappointed with the vagueness of it. It sort of talks in general about things, but it really doesn't get into very many specifics, and I'm concerned that we really have quite a profound challenge facing us with respect to this issue. I'm a little worried that it's difficult for Albertans to track the government's progress in that regard when we're dealing with a framework that is that vague. My question is whether we can anticipate getting a more concrete set of performance objectives with respect to the implementation of that framework and, again, looking for where that is in the budget.

I know that a couple of people started asking these questions already, but I don't know that they were completely finished. I think you did answer part of the question that was asked already, but I'm wondering if you could provide to me the number of spaces, the inventory as it were, in the province right now in the area of group homes, assisted living, lodges, and long-term care. I do believe that you provided us with a long-term care number, but I don't think we got to the other numbers. I'm wondering if you

could tell me a little bit about what the current inventory is there, and what the government plans are at this point in terms of what's been announced thus far for additional spaces to be added.

8:10

Mrs. Jablonski: Well, thank you very much for those questions. I'll start with the aging population policy framework. You asked about implementation, and you asked about budget. What it is is a document to help co-ordinate government departments so that we're all on the same page, so to speak, when talking about the needs of our seniors going into the future; for example, transportation. Instead of the departments of Transportation and Municipal Affairs and Seniors having three different statements of policy, we have one statement of policy, and that will be found in the aging population policy framework.

So it's more a document meant for the co-ordination of not only Alberta government departments but municipalities, too, so that they can read it and see where we are on some of those issues that are meeting the needs of seniors. It's not a document that requires implementation. It's available for the co-ordination of cross-ministry policy and any cross-ministry project for seniors that might come up. You won't see implementation as such. Releasing the framework was the step that we needed to take in order to be able to have that co-ordination among ministries

You then asked about inventories. As far as group homes are concerned, group homes are usually owned and administered by service agencies. Because the government itself does not own any group homes, we don't have an inventory, I believe, on any of the group homes here in Alberta. That's because they're all operated by our service agencies.

I can tell you that we have 29,000 assisted living spaces, we have 14,800 long-term care spaces, and we have 9,500 lodge spaces as well.

Ms Notley: Thank you very much for that information. The reason I had thought that we'd have the inventory on the group homes was because it was identified in the performance measures around assessing the quality of accommodations and identifying the percentage of group homes meeting acceptable standards. I would assume that in order to calculate the percentage meeting acceptable standards, you would have to know how many there were and how many you'd assessed, et cetera, et cetera. So if in reviewing that, you find that you do actually have access to that information, perhaps you could provide that after the fact.

In terms of the implementation of the aging population policy framework, what I think I hear you saying, then, is that, really, it was your ministry's job to produce the document and then have it out there for people to refer to. If that is the case, then I suggest that perhaps that's not an appropriate thing to characterize as a priority initiative in your business plan for the year going forward because it currently reads, "Coordinate the implementation of the Aging Population Policy Framework," and what you have described is really quite a passive kind of process. I would be a little concerned about the drafting of that business plan, as a result.

Okay. So we've got the assisted living. I'm wondering if you could tell me, again, in terms of the current inventory, what the breakdown is within the assisted living piece between the assisted living 2, 3, and 4, which I believe are the types that you described to me last year, 1 being someone at home and 2, 3, and 4 being the three different categories within assisted living, and then long-term care being a separate piece. I'm wondering if you could break that down.

The other question I had asked was just to get a final number in terms of what is either going to be built or in the process of being built and, again, the same kind of breakdown with those numbers and what is planned although perhaps not yet in construction or contracted form yet.

Mrs. Jablonski: Thank you very much for those questions. I'd like to, as you suggest, clarify the implementation wording of the aging population policy framework. It does say "implementation," and the implementation refers to co-ordination of that framework among different ministries, so it's implementation across ministries. It is a priority so that we're all on the same page in understanding where we need to go with our seniors.

I want to go back to, as well, if you're okay with that, the group homes. I am told now that the group homes that we license: we do know the numbers, as you suggest. The group home spaces are among the 29,000 spaces that I quoted when I said assisted living, so they're in that number. A group home that has four or more people is licensed, and any group home that has fewer than four people does not require a licence.

You did ask about the numbers for levels 2, 3, 4, and I think long-term care, which is level 5. I would tell you that level 5, once again, is 14,800. The level 2 includes lodges. That would be the lodge number that I quoted to you earlier, and I believe that number was 9,500 Albertans. That's the level 2. Then I believe that the 29,000 spaces are levels 3 and 4, so levels 3 and 4 and group homes are included in that 29,000 number. I don't have a breakdown at this time of those 29,000 spaces.

Ms Notley: Could I get that?

Mrs. Jablonski: Yes, we'll provide that for you.

Ms Notley: Thank you.

Mrs. Jablonski: Okay. The other question that you asked is: how many affordable supportive living spaces have we granted, and how many are completed, and how many are in the act of being completed? Am I correct? Okay. The number of spaces that are expected to be completed in 2011 is 1,079 new spaces and 570 modernized spaces. When I said to you before in the past that we've spent over half a billion dollars since 1999 on 10,000 affordable supportive living spaces, approximately 5,700 of those 10,000 spaces that were granted funding are complete, and the rest are still in the process of being completed.

Ms Notley: Okay. To clarify, then, the 5,700 that are complete are included in the 29,000 number that you've given me already, so we're looking at, basically, at this point a planned additional construction of about 4,300. Is that correct?

Mrs. Jablonski: That's correct.

Ms Notley: Okay. That's helpful for me. Thank you.

I'd asked for this once before, and we didn't actually get it in terms of the written response at the end of estimates last year. For that 4,300 what is the breakdown, again, between assisted living 2, 3, 4, and long-term care? As you know, that has been a critical conversation in this House and in the public for some time, and we really are still seeking particulars and clarity around the level of care that is anticipated being provided within the 4,300 new spaces that we anticipate seeing constructed in the next few years.

Mrs. Jablonski: I would say that of the 4,300 that we're expecting to be completed in the next few years, the majority of those – I don't have the exact breakdown at this time – will be designated assisted living, probably at the level 4 area. I know that 60 are

long-term care spaces, and like I said, the majority of the rest would then be designated assisted living level 4.

Ms Notley: Okay. I appreciate that. I'll just say it again. If you could give me specific numbers between the 2, 3, and 4 within that number, I would appreciate receiving that for the reasons that I've outlined, but I appreciate that we're mostly looking at DAL 4s.

On that issue, then, I have a question because I've heard from people within the community, both within the safety community as well as within the seniors' community, that there is a very genuine concern about the fire code and the safety and the building code with respect to the continuing care, the supportive living, or the assisted living buildings that are not long-term care.

8:20

Of course, we know long-term care has a very different set of building standards and codes, and that's probably part of the reason they're not being built so much. But the question, of course – and the concern that I've heard about from representatives within those two communities – is that we're in the course right now of building, particularly, designated assisted living 4 buildings that simply do not meet safety standards in terms of access, egress, fire code standards for people with limited mobility, buildings that anticipate people with limited mobility and communication skills, et cetera. I'm wondering if you can tell me if there are any plans afoot to revise upwards the building codes as a result of these concerns? What is happening with respect to the stuff that's currently being constructed with the existing standards, that I understand people are very concerned about?

Mrs. Jablonski: I can tell you that, first of all, building codes come under Municipal Affairs; however, I will try to answer some of your questions. I will tell you that we have very strict building codes. Yes, there is a difference between level 4 and level 5 building codes. However, we have the municipalities inspecting all the time. Our designated assisted living facilities are required to meet the standards, the building codes, that are set for them. Firemen are pretty particular about the fact that we have frail seniors in some of these facilities, and they're very watchful. I can guarantee that because I'm getting calls in the reverse, saying: your building codes are far too strict, and they're far too costly. Well, that's just too bad. They are what they are, and we're going to be sticking to them unless the Minister of Municipal Affairs makes a decision otherwise to beef them up or whatever.

I do understand that they're pretty strong and restrictive kinds of codes, admitting that they are different than level 5, but it takes a lot longer to get a person out of a building when they're in a bed and they can't get out of that bed. In level 4 you'll have more mobile people than you obviously would have in level 5. If you're available when our Minister of Municipal Affairs is doing his budget, it would be a good question to ask him. As far as I know, the standards are high and they're inspected, and there's no question about whether or not they have to live up to the standards that are required.

Ms Notley: Well, for the moment, then, I will just suggest to you, through the auspices of your aging population policy framework co-ordination role, that perhaps you might want to have some more serious conversations with the Minister of Municipal Affairs in that regard because, as you rightly point out, long-term care is very different. The standards are very different, and they're very different for a very clear reason.

As has been acknowledged in conversation in the past, it's clearly understood that the acuity of the resident population in long-term care has gone up dramatically, and the acuity of the resident population in designated assisted living level 4s is probably very similar to the acuity of the long-term care population 15 years ago, when those standards were first established. So, really, I'm very concerned that what we're seeing is a degradation of the safety standards for those seniors who end up in the DAL 4s for lack of construction of the long-term care centres, which, clearly, is what is going on here in terms of the relative proportion of new construction.

As people rightly know, if someone is in a designated assisted living place and they need a long-term care bed, they may well stay in that DAL 4 much longer than we would otherwise like. I don't think that anybody on your side would suggest that you can assure that there wouldn't be a long-term care-esque patient or resident in those DAL 4s for periods of time due to the inability to transfer them into long-term care. Then the question becomes: why are they not built to the same code and the same safety standard as the long-term care? I worry about bad things happening.

Anyway, I'd like to just get quickly into a budget question. I think I am going to easily have more to ask you the next time around. Still on this one, we talked about the bonds going to the ASLI funding and the fact that there was roughly $75 million in the bonds that had been raised for that. I see in the budget that last year we appear to have spent about $39 million of that money – I think $39 million; I think I'm getting my zeros right – on the ASLI projects, but this year we're only looking to spend a total of $75 million, which leads me to believe that the ministry's core funding for ASLI has actually dropped down. Or is it that the bond money is being stretched over a greater number of years?

If we had $75 million in bonds and $39 million went to it last year, then that would lead me to believe that we'd have, whatever, $33 million now – you get my math – and if the ministry was still putting the $50 million in that they had been putting in before, we would have more money dedicated to that line item than the $75 million that appears there. Is it that the bond money is not all being put in this year going forward, or is it that the core funding to ASLI from within the ministry has decreased?

Mrs. Jablonski: Thank you for those questions. When we talk about the $89 million that you see in the budget, that $39 million or so, approximately, was bond money. [A timer sounded] Can I finish?

The Chair: I'm sorry, Minister. I guess you'll have to undertake to get the information back to our Member for Edmonton-Strathcona.

Mrs. Jablonski: We'll get back to you.

The Chair: According to the procedure we now have 20 minutes for any other party or independent member, and I've got an indication that Dr. Sherman from Edmonton-Meadowlark has the next 20 minutes. Back and forth with the minister?

Dr. Sherman: Yes, please.

The Chair: Thank you. Proceed.

Dr. Sherman: Thank you, Mr. Chairman. First of all, Minister, I congratulate you and thank you. You've got one of the most important ministries in the government. As you know, the challenge that we have on the spending side in government is health care, and health care actually depends on how your ministry supports the seniors in their community and how they house the seniors in their community. Acute care cannot function if our seniors aren't

supported, because currently 15 to 20 per cent of acute-care beds are actually long-term care beds. This is the direct reason why people are in the emergency rooms; they're plugged up.

That's why it's so absolutely essential that the ministries of health and seniors actually work hand-in-hand. I was looking at one of your main goals. It's to have seniors live as independently as possible. They arrive on your doorstep to be in assisted living, DAL. Why? Because there's a lack of adequate home care. What happens to us on the front lines in health care is that home care is so inadequately resourced that seniors are actually deserted in the emergency rooms. Home care says: "Look. We cannot look after this patient. We're overwhelmed." Are we really overwhelmed, or are we just not resourced appropriately?

If a senior is deserted in an acute-care hospital and they don't receive the social interaction, the nutrition, the activity level, when you're with acute-care staff on a cardiology ward, in a surgical ward for up to 300 days because of inadequate home care in your community, it affects health care throughout the whole province. It's absolutely essential. Northern Alberta's health care, their acute care is dependent upon how the seniors in Edmonton are dealt with. Southern Alberta's health care, the superspecialized health care as opposed to the bread-and-butter health care, is dependent upon how the seniors are looked after in Calgary. It's like quaternary care trauma centres that have to take all the transfers from rural Alberta if you're having a heart attack or stroke.

8:30

In the Calgary health region – this is from AHS data – we went from 15,000 ALC bed days, alternate level of care bed days, in 2006 to 60,000 ALC bed days in 2010, a 400 per cent increase. It's a line that goes up at a 50 degree angle, straight up. Alternate level of care could be home care, home care, home care, home care, and home care and supports for our seniors, 24 hours a day, seven days a week. Other alternate levels of care are palliative care for our seniors in the community, nonprofit community lodges, community long-term care, subacute care, rehabilitation care. In between there could be assisted living or DAL.

That directly is a cause of the emergency crisis, and that directly is a cause of all the surgery waits because 20 per cent of these surgery beds are plugged up by seniors who should not be in an acute-care bed. The decisions your ministry makes are so important because acute care just had the biggest injection in history, yet Albertans are not getting the acute care that they require, and every ministry is having to take a cut.

My question to you is – and we'll go back and forth – before seniors end up in any level of care, what is the performance measure that all available sources in home care have been exhausted before you get any senior into any facility whatsoever? Are you reassured that we have done the best possible job of keeping seniors independently in their own home with their own spouse before we separate them from their spouse? That would be in keeping with your vision: so much home care that you actually wait at home for long-term care, which is what Ontario does. In Denmark there's not much long-term care because people get so much home care they actually die at home in their own beds.

I wonder if you can comment on that – that directly impacts how much resources you need for alternate level of care – and if you're satisfied with the level of home care that's provided so that your ministry is not burdened with taking seniors away from their home environment to be put them into a strange building. As you know, when seniors are displaced, they're disoriented; they're confused. It's a new place. The wallpaper might be really nice. But seniors lose their faculties, their hearing, their sense of vision from macular degeneration. And they've only got one hearing aid, right? The only things they have left are the sense of touch, the sense of taste, and the sense of smell. Can you comment on that, please?

Mrs. Jablonski: Thank you for pointing out that my ministry is a very important ministry. I totally agree with that comment.

I can tell you that we have statistics that show that 90 per cent of our seniors do stay in their own homes, and we need to be providing continuing care for the other 10 per cent. In keeping the 90 per cent home – home care is a Health and Wellness program, but we are working more and more with Health and Wellness to ensure that home care is being used where we need it the most. As you know, we can always improve it and make it better.

We also support home care with our Alberta aids to daily living program, that you probably are aware of. With that program we're able to support seniors in their homes by providing medical equipment that they might need like wheelchairs; grab bars; lifts, if they need a lift; incontinence supplies; and other things. Our Alberta aids to daily living is an important program that helps us to keep seniors in their homes. In the aids to daily living program we also have the RAMP program, which is the residential access modification program, for something like a ramp or thereabouts. So the aids to daily living works with home care to try to support our seniors in their homes.

Along with that I would tell you that for the 90 per cent that do stay in their own homes we have one of the very best seniors' programs in Canada. We have the highest thresholds. I think the maximum for a single person for the Alberta seniors' benefit would be $240 added onto their federal programs. For a couple I believe it's about $480 or thereabouts. We also have the dental program to help them stay in their own homes, the optical, the special-needs assistance programs, the educational property tax program. And, as I said before, we work with home care.

The improvements or the progress that we have to make in home care: we have to support Alberta Health and Wellness and Alberta Health Services as home care is their program. But I agree with you that we have to make home care an excellent program so that we can help our seniors stay in their homes longer. Also, it's Alberta Health Services that assesses our seniors to see the amount of home care that they require. All I can tell you about home care is that we work with Alberta Health and Wellness and Alberta Health Services to try and get home care for our seniors and support them with the aids to daily living program in their home.

Dr. Sherman: Thank you.

I guess my question is – I don't know if you have this data or not. Do you have a computer?

Mrs. Jablonski: Not with me. I've got them right here.

Dr. Sherman: Okay. I'm looking at my slides here. The home care cost per client is $4,400 a year. As you know – you're right – Alberta Health Services' senior managers determine how much home care is required, but it's all privately contracted out. That's okay. There's a role for private contractors. Then they have to make a profit, so there's the difference between the cost of providing home care to the private guys and the price of home care that we pay for. The cost for supportive living level 3 is $19,000 a year, and DAL is $42,000 a year, and long-term care is $66,000 a year.

Now, I wish I could give you this slide. Does anybody there have an e-mail that I could e-mail this to?

Why couldn't we just quadruple up home care? If it's $4,400 a year, why can't we quadruple the number of hours so that they never need to be separated from not only their spouse but their local community, to prevent them from coming into your buildings? There's data and evidence that we went from 15,000 ALC bed days in the Calgary health region in 2006 to 60,000 ALC bed days. In fact, there's the graph. It's either because of two reasons: there's such inadequate home care, or they're not taking the patients out of acute-care beds.

When I wrote a letter to the Premier saying that we failed the seniors – these are homeless seniors, which is not in keeping with our policy of keeping them in the right place.

I know what's working well. There is a lot of good stuff that's happening in the seniors' ministry, and I acknowledge it. In fact, I think you should have been resourced for a 20 per cent increase. A 20 per cent increase for you would save hundreds of millions of dollars in acute care on the AHS side. As you know, I had always advocated as a junior health minister that if you want to have health care, give the hon. Member for Red Deer-North a 20 per cent increase in her budget for seniors' supports, and we will save money in acute care.

I guess what I wanted to question is what's not working. I don't mean to be negative, but this is evidence. I would like to know why this has gone up so much, a 400 per cent increase. That started when the Premier became Premier. [Dr. Sherman displayed his laptop]

The Chair: Hon. member, could you put the prompt down, please?

Dr. Sherman: This?

The Chair: Yeah.

Dr. Sherman: Okay.

The Chair: Thanks.

Dr. Sherman: I wonder if you could answer that question. Why the increase? I know what you're doing, but why such a big increase in how many days seniors spend in acute care, healthy seniors getting sick sitting next to sick patients?

8:40

Mrs. Jablonski: Thank you for the confidence that you show in myself and in my ministry. I do have a great ministry team, and you know we do care about seniors.

As I said before, home care is in the area of our Health and Wellness minister, so I can't answer questions about home care. The 400 per cent increase: I would say to you, the population is aging. Other than that, there's not much more comment that I can make, except that I believe that perhaps if we did increase the amount of home care, we might be able to decrease those numbers.

I can tell you that I also know that in our hospital in Red Deer in December I believe we had 40 long-term care patients in the hospital, and since we've opened a new continuing care facility in Red Deer, we now have six waiting in the hospital for beds. So the program can work, and I'm hoping that we can see this kind of success throughout the rest of Alberta so that we can have the acute-care beds for the acute-care patients.

Dr. Sherman: Thank you. I acknowledge that in Red Deer things are working better than they are in Edmonton and Calgary. In the whole province I believe we have about 779 homeless seniors. In Edmonton that number is anywhere from 300 to 350. We had 120 homeless seniors at the Royal Alex in a 650-bed hospital, plus or minus, and we had about 100 at the University hospital.

Now, the seniors of this generation are living longer. They are actually healthy. They made good lifestyle choices in that generation. They didn't have processed food. Everyone didn't have a car. So they are actually healthy seniors. It's just that their bodies have lived a long time. We are able to do so much in health care. If you get cancer, you actually no longer die of cancer if you can get the care; you actually die of a heart attack. But if you have a heart problem, you actually end up dying of cancer. So seniors are living longer with more multiple, multiple problems. So they're actually sicker when they're in any care outside of their own home environment, whether it's assisted living, DAL, or long-term care.

With the long-term care policy at the cabinet policy committee meeting I had told the previous minister of health that: "Oh, boy. We're going to have a disaster on our hands in the front lines in health care in year 3. Your docs are going to be having seizures, figuratively speaking, and we're going to have major problems because people are going to be dying in ER departments." The policy was a 60-20-20 policy based on a study in the Chinook health region. The senior in the Chinook health region – that study cannot be adapted to the seniors' population in Edmonton or Calgary.

I'm not sure if you were at that committee meeting or not, but I predicted what's happening in health care here back then when we had that policy. I said that there are some good things with assisted living, DAL. There is some good stuff there. But that policy needs to be about 98 per cent good. It can't be 65 to 70 per cent good, okay? I do support aspects of the current policy.

So when the minister capped the number of long-term care beds at 14,500 at a time when the seniors' population is going to explode and they're going to be sicker and have more multiple problems – you actually need a higher level of health care provider.

Dr. Hasmuk Patel is president of the ACCA, the Alberta Continuing Care Association. He says: look; we need a higher level provider. The LPNs, they're great, and they're very good health care workers. But to do patient assessments, they're saying: look; we need more resourcing because these patients are complex. The private providers are not able to make a profit because they are given a patient with such high needs that they actually bring their patient – in fact, they're not a patient at that time. They're actually just a regular Albertan who needs that level of care. They're actually bringing them to acute care saying: take them off our hands; we can't care for them.

So for acute care to function, the senior in Edmonton who lives near the U of A or the Alex or the Misericordia or the Grey Nuns or the Sturgeon needs to stay in that community. My question is: the housing that you're building, is that being built near these hospitals to get these seniors out? Lac La Biche cannot get health care. St. Paul cannot get health care. They can't get these patients transferred in because these facilities aren't being built in the local communities where the seniors live. So can you comment on: where are you building these buildings in northern Alberta? Which towns are getting the funding? These buildings are being built where we've got to pull seniors out of acute care.

Mrs. Jablonski: Thank you for those questions. Once again, you are kind of wading into Health and Wellness's territory, but that's okay; I'll try to answer as best I can. I'm letting you know once again that 90 per cent of our seniors do stay in their own homes until end of life. We're doing what we can to support them in their homes through aids to daily living and through home care. I've already agreed with you that we need to work with the home-care program to make it even better.

Just for your information, the statistics that we have are that people entering designated assisted living or long-term care are 85 years old on average, which supports your comment that people are getting older and that their needs are more complex. Their average length of stay is two years.

The Chair: Thank you, Madam Minister. I assume, as with the other speakers, that you'll follow up with the hon. member on the rest of his questions. Thank you.

At this point we'll move on to Mr. Allred from St. Albert, please.

Mr. Allred: Thank you, Chair. With your permission and with the permission of the minister I'll ask on a – what do you call it? – back-and-forth or one-on-one. Firstly, before I get into my main questions, I'd just like clarification on the table on page 94, in particular the first line, 1(a) percentage by which seniors' average income in Alberta exceeds the Canadian average, the plus 19.4 per cent. I assume that exceeds the Canadian average for seniors. Is that correct? Or is that Canadian average income?

Mrs. Jablonski: That would be correct.

Mr. Allred: Okay. Thank you.

As Alberta's population ages, there will be an ongoing need for a range of accommodation settings. Seniors and Albertans with disabilities have varying needs and expect a greater degree of choice in their living accommodations and in the services and amenities available to them. Firstly, what is the ministry doing to ensure that seniors will be able to age in the right place? It's perhaps a bit of a follow-up to those previous questions.

Mrs. Jablonski: One of the programs that's very important to us, of course, is the continuing care aging in place program that we have. Since 1999 this government has provided over half a billion dollars to build 10,000 spaces for continuing care facilities. This year we have $75 million in the budget for affordable supportive living grants. The purpose of this program is to provide affordable supportive living options to accommodate low- and moderate-income seniors and persons with special needs who require accommodation services in combination with health and personal care services to remain in their communities. The grants are available to organizations that will be developing affordable supportive living projects in Alberta.

The point is that with ASLI we know how important it is for seniors to be able to stay close to their family and friends and to live in the communities that they helped to build. We're hoping to be able to build facilities in all communities, where they're needed, of course, so that that part of our plan can happen. That's what the ASLI program is all about. This year we have another $75 million for projects around the province of Alberta.

Mr. Allred: Okay. Thank you. Just further to that, with an aging society how is your ministry going to ensure that there are enough assisted living facilities to accommodate the needs of seniors like myself that will soon be there?

Mrs. Jablonski: I'll repeat the statistic that I've used this evening. Ninety per cent of us are fortunate enough to be able to stay in our own homes. We know there are 10 per cent that for whatever reason will not be able to stay in their own homes, so our budget for this year includes another $75 million in ASLI funding to support the construction of another 600 ASLI units.

The supportive living program achieved the development of 1,225 supportive living units by '10-11, and that was one year ahead of the original schedule that we had set out. Once again – and I've said it a couple of times tonight – we've invested half a billion dollars in 10,000 spaces to provide for our seniors' care.

8:50

Mr. Allred: Further to that, on the cost and the quality of the new facilities that you're providing, do you find there is a demand for higher and higher quality and more space in your accommodations and, hence, more cost? As an example, I recently toured a facility in St. Albert, and I was quite surprised that they had two bedrooms and two bathrooms for a seniors' facility. I guess I was a little bit surprised that they would particularly have two bathrooms. I can see that if there's a couple, they may want two bedrooms, but it seems to be a little bit on the extravagant side.

Mrs. Jablonski: It most certainly is. That would not be one of the facilities that we would provide ASLI grants for. You would find that with the ASLI grants the facilities are more like a bachelor-type suite or even in some cases possibly a one-bedroom suite, which would then allow senior couples to stay together.

What you might have seen, and this happens many times, is that in a beautiful facility – and I know that there's a beautiful one in St. Albert; I think it's Rosedale – what they have is a combination of units. ASLI provided grants for I don't know exactly how many in that one, but let's say that it was 50 that ASLI provided grants for. So they are under contract for those 50 spaces to be like bachelor suites at a certain rate. But at the same time in that same facility they've built more condo-like apartments or whatever, where they rent those out privately and provide the same assisted living services to the seniors who pay for it themselves. So those are not ASLI units, spaces.

Mr. Allred: Okay. But is there a subsidy provided by your department to those privately developed units?

Mrs. Jablonski: When it's an ASLI space, for example in a facility like Rosedale, they might have 100 private units and 50 ASLI units. The ASLI units are contracted. They're limited in their size, and they are required to stay under our cap at the long-term care accommodation rate, which is now $1,700, for the units that they're contracted for. But in the same building, which might have 150 spaces, because we don't have anything to do with those other hundred spaces, they can do what they want with them.

Seniors make the choices. The neat thing about that is that if it's a level 3 or 4 designated assisted living space and your spouse needs that kind of care, you have the choice of staying with that spouse in a room that might be big enough or living in one of those apartment-type units with the two beds and the two bathrooms. But a unit of that size is not contracted under the ASLI program.

Mr. Allred: Thank you very much for those answers.

I'd like to move on to a few questions on the dental and optical programs if I might. Not only is it important to age in the right place; it is also vital that seniors are able to afford basic dental and optical services and other services of that nature. What is the ministry doing to ensure that seniors can afford these basic services such as dental and optical?

Mrs. Jablonski: In our 2011-12 budget we have almost $69 million in place for the seniors' dental and optical programs; $69 million. Through these programs seniors with low to moderate incomes can receive financial assistance to help maintain basic dental health and to purchase prescription eyeglasses. There was increased funding of $2.8 million from my past budget for 2010-

11, from the forecast, and that will provide for an expected increase in caseload in the dental and optical programs. So there was an uptake that was a little higher than we projected. Program average costs per case are expected to remain consistent in the '10-11 averages.

Mr. Allred: Okay. Supplemental to that, have you reviewed the way we deliver seniors' dental and optical assistance programs in order to ensure we are delivering them in the most efficient and effective way? In that regard, I had someone in my office awhile ago that's providing not full dentistry services but dental assistant type services in seniors' homes and was looking to expand her services. Apparently, this is very well received in some of the seniors' facilities.

Mrs. Jablonski: I can understand that it would be. Have dental tools, will travel.

Alberta Seniors and Community Supports has partnered with Alberta Blue Cross to administer dental and optical claims, to provide information regarding procedures, to answer questions regarding claims, and to issue payments. Alberta Blue Cross has a computer system in place, so we partner with them for our seniors' benefits. Alberta Blue Cross has administered dental claims since the program was established in 2005, and following a review in 2008 Alberta Blue Cross began administering optical claims in April of 2009. Previously seniors paid up front and were then reimbursed. Of course, we heard that a lot of seniors were not able to do that, so now, depending on the service provider's billing practice, many seniors only pay the copayment portion for their both their dental and optical services.

So we have reviewed the program. We have tried to make it better and more senior friendly as well as being efficient. There is no point, we believe, in duplicating the computer system that Alberta Blue Cross has in Alberta Seniors and Community Supports, so we partner with Alberta Blue Cross.

Mr. Allred: What level of coverage, then, is provided? Is that coverage covered by your budget?

Mrs. Jablonski: The dental assistance for seniors program provides coverage for basic dental services that help maintain a reasonable level of health. Diagnostic and preventive services such as X-rays, examinations, polishing, and scaling are part of that plan. Restorative services such as fillings, extractions, root canals, and dentures are a part of the basic dental plan that we cover. The dental program provides up to $5,000 of coverage every five years for basic dental work.

Mr. Allred: Okay. My last question along that line is: how many seniors actually receive benefits from the dental and optical programs? A rough percentage or numbers, whichever you have.

Mrs. Jablonski: Because the thresholds for dental and optical are higher than the Alberta seniors' benefit, we have a higher number of seniors receiving these kinds of benefits. Alberta seniors' benefit: we have 148,000 seniors receiving that. But because we have a higher threshold for the optical and dental, we have 209,000 seniors who are eligible to receive benefits from these programs, and 80 per cent of eligible seniors qualify for the maximum coverage of these programs. We anticipate that in 2011-12 almost 89,000 seniors will receive assistance with their dental costs while almost 37,000 seniors will receive assistance towards the purchase of eyeglasses.

Mr. Allred: Thank you, Minister, for the answers to those questions.

I know you talked about your individual budgets for the individual assistance programs such AISH, PDD, et cetera. Is there an increase this year in the amount of assistance you're providing per person, or is the increase in your budget only as a result of the added numbers that you're projecting?

Mrs. Jablonski: The increase in our budget is for projected caseload increases. All the programs are remaining the same. There was no decrease in those programs. That increase does go to more seniors coming into the program.

Mr. Allred: Okay. Thank you. I'd like to move on to another line of questions, then. The budget for Alberta aids to daily living grants is over $118 million, a $5 million, or 4.4 per cent, increase over last year's forecast. What services are provided by the program? Who are the primary clients of that program?

9:00

Mrs. Jablonski: The aids to daily living program is another program that I'm very proud of here in Alberta. It helps Albertans with long-term disability or chronic or terminal illness to maintain their independence in their residence by providing equipment and supplies to meet their basic medically assessed needs. It's exactly what the Member for Edmonton-Meadowlark was asking about? What do we do to help our seniors stay in their homes? The aids to daily living program is one of those programs. It provides a variety of benefits, including medical/surgical supplies such as incontinence supplies, hearing and communication aids, mobility equipment such as walkers and wheelchairs, respiratory benefits such as oxygen, prosthetics and orthotics such as artificial limbs and limb braces. The program benefits approximately 85,000 Albertans each year, and 60 per cent of those 85,000 are seniors.

Mr. Allred: Okay. A supplemental on that one: how much money is an individual or a family who use the program expected to pay?

Mrs. Jablonski: Actually, this is another great part of this program. It's a cost-shared program. Clients pay 25 per cent of the cost of approved benefits received through the program up to a maximum of $500 per family per year. AADL pays the balance. Now, if you're low income, then the cost share is exempt. The income thresholds for exemption for AADL cost sharing are as follows: singles with incomes less than $20,970 will not have to pay the cost share; couples with a combined income of less than $33,240 and families with incomes of less than $39,250 will not have to pay the cost share. But remember that it only ever is 25 per cent of a product to the maximum payout for the whole family for the whole year of $500.

Mr. Allred: Just for clarification on the last point, persons over the $39,000 level still only pay 25 per cent of the cost? Is that correct?

Mrs. Jablonski: That's correct. If today you had to buy, for example, a wheelchair – let's not use a wheelchair because that's a big item – maybe a $200 walker, 25 per cent of that would be $50, so you would pay the $50, and then we'd pay the rest. If you needed more items throughout the year, you would continue to pay the 25 per cent until the family ended up paying their cost-share total of $500. At that point there is no more cost share.

Mr. Allred: Okay. Thank you on that item.

On page 259 of the main estimates the budget for public guardian services is $10.7 million, an increase of approximately $1

million over 2010-11. That's about 10 per cent. Can you explain the activities that are funded through this program?

Mrs. Jablonski: Yes. It's another program, once again, that I'm very proud of. Actually, I feel very privileged to be the Minister of Seniors and Community Supports because we have such good programs, that I'm very proud to offer to our citizens.

The office of the public guardian provides decision-making mechanisms for individuals who are unable to make decisions that are nonfinancial decisions. The OPG does this through the Adult Guardianship and Trusteeship Act, the Personal Directives Act, and the Mental Health Act. Personal directives are legal documents that you can write in case something happens and you can't make your own personal decisions in the future. Actually, we recommend that anybody over 18 have a personal directive. The office of the public guardian provides alternate decision-making options and safeguards to represented adult Albertans who are unable to make personal nonfinancial decisions independently.

The public guardian acts as a guardian under the Adult Guardianship and Trusteeship Act for 2,038 adults and represents 68 individuals under the Personal Directives Act. There are also 8,470 private guardians in Alberta, who are supported by the office of the public guardian. You know, we have a number of new services that are available because of the AGTA and the Personal Directives Act, including investigation of complaints, a personal directive registry, the AGTA registry, guidelines for capacity assessment, training designated capacity assessors and physicians and psychologists, and maintaining a public roster of all our designated capacity assessors. They're very important, and we have to make sure that our capacity assessments are consistent throughout the province, so we provide the training.

The office of the public guardian also acts as a specific decision-maker for health care and temporary residential placement when there is no family available or suitable. They act as a review officer for all court applications for the appointment of a guardian, trustee, or co decision-maker. The OPG also assists private individuals seeking to obtain guardianship.

Mr. Allred: Perhaps you'd comment on the increase of 10 per cent in that budget.

I'll throw in my next question at the same time. The seniors' lodge assistance program is $35.7 million, which is approximately the same as last year. What types of benefits are provided by that program?

Mrs. Jablonski: The 10 per cent increase that you find in that program is because we're now offering a number of services that we never offered before. The investigation services come through us. The capacity training services come through OPG. As we have an aging population and as we need more of that and as it's a new service that we provide, that would help to account for that 10 per cent increase in that budget.

The other question you asked was about the seniors' lodge assistance program. [A timer sounded]

The Chair: That one you'll get to answer later, I guess. Thanks, Minister.

We're back now with Ms Pastoor, Lethbridge-East, please.

Ms Pastoor: Yes. Thank you, Mr. Chair. I just have a couple of questions because I know that there are other colleagues that want to get on before 9:30.

My understanding is that seniors who are in the hospital after a certain length of time are being charged long-term care rather than getting it, I guess, free when they're in there as a hospital patient. Do these people, if they need it, receive seniors' benefits to help pay those costs of staying in the hospital? How many people would actually be involved in that?

Mrs. Jablonski: Yes, when a senior is charged for long-term care fees when they're in the hospital, they receive benefits just as if they were in a long-term care facility. They would be part of that number of 60 per cent of the people in long-term care that are receiving benefits from our department.

Ms Pastoor: Another thing I think we're going to have to look at in the future. I'm not as healthy, I think, as my mother, who died at 95, but I know that I'm healthier than my kids because I didn't eat food that was full of stuff, because I had to walk to school, you know, uphill both ways, and all those sorts of stories. But I think that the baby boomers are not as healthy. Baby boomers perhaps had a lifestyle that was a little bit more – not decadent necessarily but certainly easier than the previous generation. The ones that are following them as well aren't going to be as healthy despite the fact that we are trying very, very hard to beat diabetes and obesity and those kinds of chronic diseases that will cost our health system a fortune.

I guess it's a bit macabre to say this, but I think that seniors may not last as long. I think they're going to start to get sicker younger with chronic diseases. These are the sorts of things that I think are going to cost us. Also, many of these people will not be able to stay in their homes. As has been pointed out, home care is imperative, and it can't just be home care that is provided a couple of hours a day. Sometimes these people need a lot more. Again, I know I'm treading on the health side of things, but I think it still is going to have to go hand in hand with the housing and the care to keep them in whatever kind of housing that is. I'm not sure there's really a question in there, but it's perhaps food for thought that some of the ongoing planning over the next 20 years is not going to be the same as what we've planned in the last 10.

Mrs. Jablonski: We had a question about the Alberta population policy framework, and one of the things that it tells us is that we need to help Albertans prepare for their mature years sooner. It's something that we are working on now, and we're planning to have some financial aids or tools to help people start that planning process.

9:10

I would tell you that in a number of the articles that I've read and books that I've read, more people are saying, actually, that our generation is healthier and wealthier than the past generation. I know that we eat more processed foods, that we eat more fast foods. I mean, my last four meals were fast-food meals as I raced back and forth to Red Deer for events and back to Edmonton for question period. But through the miracle of modern medicine and through prescription drugs, we are living longer.

I can tell you that when Queen Elizabeth was crowned in I think it was 1952, she was signing something like 250 letters of congratulation to people who were turning 100, and now she's signing more than 7,000. I know that our Premier has also said that there are more and more congratulation certificates for people turning 100. There are many people out there who actually believe that we are going to live longer and that we are going to be somewhat healthier.

I have had seniors tell me, one directly from Lethbridge actually. She said: "I'm 87 years old, and I'm still alive. I didn't plan to be here at 87, and I don't have enough money." So we do know that there is concern and that we have to be planning better. Part of the planning for the further future is to get our young people to start saving. The responsibility has to be with individuals and

families and communities as well as government because we do have these large numbers, so getting them to think about planning for their future. Seeing as some of us have been, I would say, spoiled in our lives and we've had the good fortune of being able to have what we want, if we want to continue living our life having what we want, then we need to plan for that.

Ms Pastoor: Thank you. Just very quickly, I have a son-in-law who actually subscribes to your last comments about saving. He has a little piggybank, and he puts money in it all the time, and it's to make sure that his mother-in-law has the best nursing home in town. Now, I think about that a little more deeply, and I'm quite sure it's because he doesn't want me in his basement.

Just one more quick thing. We were talking about dental care, and $5,000, really, in this day and age is hardly anything compared to what is going to be coming, as I've mentioned. Seniors are going to end up with a lot more implants and denture implants. Those are the things that stay in your mouth. A person that could go to nursing homes and would have the kind of time to physically brush people's teeth and help with oral health would be invaluable because a lot of people truly cannot brush their teeth adequately enough, and people with bad teeth in long-term care really are, actually, quite a high number. If they've got dentures, it's fine. Out they pop, and away you go, but for people that have dentures that will stay in or implants, it's going to cost. So just something, again, for your long-term planning.

Mrs. Jablonski: Thank you.

The Chair: Thank you very much.

We can now move to Mr. Groeneveld from Highwood, please.

Mr. Groeneveld: Well, thank you very much, Mr. Chair. Certainly, as a senior myself I'm a little stiff sitting from in this chair and trying to get up.

Just a comment to the Member for Lethbridge-East there: yeah, she looks pretty healthy. But I have one of her kids in my constituency, and I don't think she's very far behind you, so I wouldn't worry about her too much.

Minister, some of the preambles here disturbed me a little bit because of some of the doom and gloom. I would like to take this opportunity, I think, to thank you and, indeed, your staff for the excellent job you do out there. It's not an easy job, but, you know, I think that you're doing just a little bit above the average.

How many people do we have move to Alberta? Some of them only move to Alberta so that they can bring their parents here, who end up in our seniors' program. I think that probably as we move along, seniors in my area are not much different than any other seniors. We certainly have some complaints at times. I can't say we have tons and tons of complaints. There are issues. Absolutely there are. Is there enough money? There never is enough money, you know. When somebody jumps up and says that you probably should have 20 per cent more when he's not necessarily talking about just your ministry, maybe they should indicate where that money should come from and where we take it out of the programs elsewhere.

Our seniors certainly are aging. It's kind of interesting. I challenge anyone in this room to tell me if they have an older senior than I do who is not in extended care. He is in long-term care. His name is Ernie Henderson, and a couple of months ago he turned 106. He's getting on in his years, no doubt about it. He's in a motorized wheelchair. He accidently ran it through the wall in the manor, but you know I don't think he was ever threatened or was ever worried about getting thrown out. I have never had a senior come to me and say: you know, I won't say anything because I'm scared that they'll kick me out of the home. I've just never heard that. They certainly aren't quiet. They certainly talk a lot to me, so I'm certain they talk to their people in the extended care as well.

My questions were basically about AISH, and I don't know how specific I really want to get because I see that there is a percentage increase overall in AISH. The AISH health-related, I see, is 4.4 per cent, and the seniors' community supports is over 3.6 per cent. I'd just like you to comment a little bit on your AISH program because it's very near and dear to all our hearts. There's no doubt about it. If you wouldn't mind just commenting on where you see it going.

Mrs. Jablonski: Well, AISH is another program in Alberta that is able to provide for people with severe disabilities, and it's one of the best programs, once again, in all of Canada. As I've said before, we have more than 42,000 Albertans receiving AISH benefits. The maximum financial benefit is $1,188 per month. The budget increase will enable us to accommodate a modest increase in client caseload, so the increase is for the caseload. AISH clients may also be eligible for assistance with additional expenses such as special diets, caring for a child, and travel to medical appointments. The other thing that AISH clients are eligible for is medical and dental benefits. On average the amount we spend per AISH client is $370 on top of everything else for their medical and dental benefits.

Mr. Groeneveld: A supplementary. Now, I understand we've had problems in the past, the AISH recipients that are qualified for some dollars who can work. Sometimes it gets clawed back somewhat, but I think we've now changed that a little bit, have we not?

Mrs. Jablonski: Well, one of the things that we implemented when I first became minister was the employability program because we know that going to work does more for an individual than just providing an income. It provides socialization. It lifts people's spirits. It gives them some self-esteem because they're doing something. They're being productive, and they're spending time with people. I always find that energizing even when they complain.

I would say to you that we increased the ability of an AISH client to earn $400 a month without touching any of their financial benefit. They'll earn the $1,188, which is the highest level of financial benefit, and if they're single, they can earn an extra $400 on top of that without touching the $1,188. If a family is involved, that amount that they can earn is higher. I believe it's in the $960 area. They can earn that much and not have it touched, maintaining the $1,188 AISH benefit.

Mr. Groeneveld: Thank you very much.

Mr. Chair, if I could, I'd just like to switch a little bit here. In your opening remarks you talked a little bit about assisted living, I think in High River and some of the other areas. Of course, as soon as you say High River, it perks me up a little bit. But I think there is some good news out there, and I think that it probably would be nice to put on record what that really is, just expand on that a little bit, the program and what you have done on that recently.

9:20

The Chair: Minister, I believe the member is asking specifically about High River, comments on High River.

Mr. Groeneveld: Well, I think it's a program that High River got some money for. There were various places just recently.

Mrs. Jablonski: Okay. What I think you're talking about is our ASLI program. That's the program that's able to grant large sums of money to assisted living facilities, and we did have High River in our last group of communities that received support. High River is receiving approximately $5,317,000 for 72 beds. It's Sunrise Village, and the housing proponents are Eldercare Communities Ltd. and Continuum Health Care holdings. I hope you're familiar with them because they're going to be in your community very soon.

Mr. Groeneveld: Thank you very much, Mr. Chair.

The Chair: Now we'd like to turn back to Ms Notley from Edmonton-Strathcona, please.

Ms Notley: Thank you very much. I have a few questions that are outstanding. I know there is that last question that I had asked, and the minister got about halfway through answering it. I'm going to just sort of leave that on the record and ask that you respond to that in writing so that I can get through a few of my other questions.

I'm wondering if we can be provided with a list of the nonprofits and for-profits who have to this point entered into an agreement with the government to construct new buildings under the ASLI program and if for each one we can get the size of the contract, roughly, or the number of beds – either would be fine – that's expected to be included in each.

I wanted to quickly switch to PDD, and the reason is that we had a conversation last year about the supports intensity scale. I had asked in the last round of estimates about whether or not the ministry had done any research around sort of the implications to benefits of introducing that scale into the process for evaluating supports for people with PDD, and unfortunately it doesn't appear that there was any since I didn't get that answer back when we got the written response.

Based on what was suggested last year, your ministry, I assume, would have now completed about a third of the assessments using the supports intensity scale. I'm wondering if the ministry or the minister, either/or, could provide me with the outcome of that in terms of what implications that had for the level of support provided on a dollar basis, an average, obviously, on a per-person-assessed basis. Did their level of support generally go up, go down, stay the same, whatever, as a result of the application of the supports intensity scale to those clients? That is a question that I'm quite interested in getting a response to.

Then I had a couple of other quick questions. I note that line item 2.8, property tax assistance, has gone up quite notably. I'm wondering if we could get a quick explanation for why that was, and in line 5, the Alberta Supports line item, the $7.5 million increase there, what that was for. If that was already answered in response to somebody else, then just tell me it's already been answered; that's fine. So those were two things that were outstanding. I think those are my key issues.

We talked already about performance measures. I think that's more of a policy conversation or debate.

In terms of getting particulars from you, I think I've managed to get them all on the record. You can answer as many of them as you can in the next three and a half minutes. Otherwise, just send them off in the mail to me.

Thank you very much for your input tonight and your being here.

Mrs. Jablonski: You're welcome. I want to tell you about the SIS program, the supports intensity scale. We haven't changed the funding levels to anyone who has been assessed at this time because we haven't completed what we're doing with the program. If there will be any changes – and some may get more services depending on their needs; some may get fewer services, once again depending on their needs – that will be in 2012. We're still going through the process. Until we complete the process, we're not making any of those changes. But, you know, I have to tell you that in a lot of the cases we are bang on with the level of support that people are getting. I'm very proud, once again, of that system.

You asked me about supports intensity scale. You wanted to know a little bit about it. I can tell you that the decision to use SIS was based on a thorough examination of options to best assess individual support needs. It's based on solid research. I'm sure that you can look it up on the Internet. There are a number of jurisdictions, including 35 U.S. states and two other Canadian provinces, that are using the SIS or are moving to the SIS program.

It's supported on an ongoing basis by the American Association on Intellectual and Developmental Disabilities. This organization, known as AAIDD, is a well-respected, globally recognized professional organization that specializes in research and issues related to intellectual disabilities. It's been the subject of extensive research for more than five years, and the research showed that it's a good tool for determining the supports individuals need in a consistent and comparable manner. The research also shows that the assessment information assists with developing individual service plans. SIS is a proven, well-documented and well-researched program.

Once again, if there are changes that have to be implemented, because we're still going through the process, it will be 2012 before any changes are implemented. None have happened to this time.

Did you ask about the budget for Alberta Supports?

Ms Notley: Yes, I did.

Mrs. Jablonski: Okay. It's increased nearly $10 million. I can tell you that the increased funds to support the regional – oh, right, that's where we were last time. I wanted to tell you about that because one of the things that you've heard as an MLA, and I've heard it too, is that when our kids have disabilities and are in the family supports for children with disabilities program and turn 18, they have to go through all of these hoops, or what might be perceived as hoops, to get into AISH. We understand the anxiety that that can cause for some families, so we're working on having a seamless transition from family supports into the AISH and PDD programs. We're doing a test pilot project on that now. That, once again, is something that our people have told us they need and they want, and we're working on that.

The funds are for technical supports to enable modernization such as client identification, electronic file sharing, and downloading in submittable forms. Right now if a person is served by two different organizations, there might be two files on them. We want to make it so that there's not that kind of duplication and we have more co-operation and co-ordination through the Alberta Supports program.

Ms Notley: Sorry. I think I'm allowed to stand at the same time; I'm not sure. This just reminded me of a quick question I wanted to ask you. You had a waiting list that you told me about, December 2009, for people waiting to transition. You gave me a number for last year, and I'm wondering what the number is for 2010, the number waiting to transition. You reminded me about that.

Mrs. Jablonski: People that are going on to the PDD program. We know there are 60 of them right now that are moving into the PDD program. But I want you to know as well that it's so important to us that we ensure that when they apply and they're

accepted, any safety and security issues that might be present we provide for. If we're not able to provide the complete program for the client at that time, we ensure that the safety and security parts of the programs are in place until we have the service agency or the staff to be able to provide the rest of the services and programs to the PDD client.

9:30

The Chair: Thank you, everyone. I apologize for the interruption again, but I must advise that the committee has reached the allotted time for this item of business. It's now concluded.

I just want to make one small correction. When I indicated, Minister, the responses to the members for the unanswered questions, they should be either tabled by yourself in the Assembly or filed with the Clerk of the Assembly.

With that, I'd also like to remind the committee members that we're next scheduled to meet on March 16, 2011, to consider the estimates of the Department of Children and Youth Services.

Pursuant to Government Motion 5 I'll move that the meeting is adjourned. Thank you very much.

[The committee adjourned at 9:31 p.m.]

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